AMERICAN MEDICAL TIMES

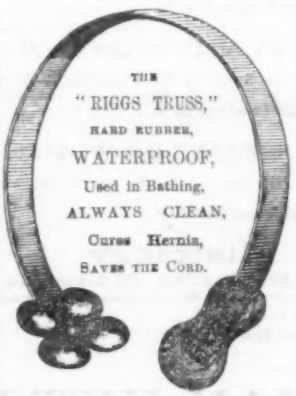
Being a Weekly Series of the New York Journal of Medicine.

No. X. } New Series. NEW YORK: SATURDAY, SEPTEMBER 8, 1860. $3 per Annum.
Vol. I. } Single Numbers 10 Cents.

	Page
ORIGINAL LECTURES.	
Clinical Lecture. Delivered at the New York Hospital, by H. D. Bulkley, M.D., Attending Physician	163
ORIGINAL COMMUNICATIONS.	
History of a Case of the Dracunculus or Guinea Worm (Filaria Medinensis). Treated at the Seamen's Retreat, S. I. By C. E. Severance, M.D., House Physician	165
The Rationale of the Hot and Cold Stages and Periodical Exacerbation of Diseases. By W. F. Studley, M.D., of Yorkville, N. Y.	166
REPORTS OF HOSPITALS.	
Howard Hospital of Philadelphia: Eye and Ear Department	168
Long Island College Hospital: Complete Occlusion of the Alæ Nasi as a Sequela of Confluent Small-pox.—Curious Congenital Malformation of the Hand	169
Bellevue Hospital: Operations for Radical Cure of Hernia	169
New York Hospital: Amputation of the Thigh—Secondary Hæmorrhage—Dislocation forwards of the First Phalanx of the Thumb—Reduction—Dislocation of Thigh—Reduction without Anæsthesia	170
EDITORIAL ARTICLES.	
Physician and Apothecary	171
The Week: American Pharmaceutical Association. American Medical Association. Physical Education	173
REVIEWS.	
Preventive Medicine. Statistics of Small-pox and Vaccination in the United Kingdom, and the necessity for a better system of Vaccination in Ireland	174
The New Sydenham Society Publications	174
PROGRESS OF MEDICAL SCIENCE.	
Ophthalmology	175
REPORTS OF SOCIETIES.	
New York Academy of Medicine: Section on Surgery. Dr. James R. Wood, President. Resection of Joints	177
CORRESPONDENCE.	
Apoplexy—Autopsy	178
Foreign Correspondence	179
MEDICAL NEWS.	
Smokers in New York. Medical Men in the New Italian Parliament. Cause of Sterility. Brescia. Specialties of the Present Day no Novelty	180
Meteorology and Necrology of the Week in the City and County of New York: Remarks on the Weather	180
Medical Diary of the Week	180

Subscriptions to the MEDICAL TIMES can commence at any date, but those Subscribers who desire to have the Series complete can, for the present, be supplied with the back numbers.

This Truss has now been in use some three years, and its practical working in thousands of cases has more than verified the high encomiums so universally bestowed upon it when first introduced. It has already effected many radical cures, and marked improvements have resulted from its use in every instance, while injury, by pressure upon the cord, or by enlargements of the openings, has occurred in no case.



Besides the concurrent testimony in its favor, of the prominent surgeons of this city and Brooklyn, the following are average specimens of hundreds from correspondents in different parts of the country.

Dr. Armstrong, an eminent surgeon of Porto Rico, says, "I consider the 'RIGGS TRUSS' superior to all others, and recommend and apply NO OTHER."

Dr. Gosling, Shelbyville, Tenn. "The principle of the multiplied truss is correct, and will accomplish ALL THAT TRUSSES POSSIBLY CAN DO."

Dr. Bontecon, of Troy, says, "I wish to introduce them in this city, being satisfied they are superior to all others."

Dr. Crafts, of Binghampton, writes, "I can truly say, the cases I have treated by your truss promise a cure, and all who are wearing it are highly pleased."

THE "RIGGS TRUSS,"

HARD RUBBER SYRINGES.

A GREAT VARIETY OF

SURGICAL INSTRUMENTS AND APPLIANCES, AND DRUGGISTS' ARTICLES

(all of this inimitable material), manufactured by the

AMERICAN HARD RUBBER COMPANY,

and for sale by all druggists throughout the country.

Dr. RIGGS' office for the radical treatment of Hernia, Varicocele, &c.,

BARCLAY STREET,

Under the ASTOR HOUSE, N. Y.

New Stores, Nos. 84 & 86 Reade, corner of Church Street.

Dr. Kinne's New Truss—cheap, clean, durable, and comfortable. Invaluable, especially for infants, for its cleanliness, a wet sponge being sufficient always to clean it thoroughly. Need never be removed for bathing, as water will not injure it. One truss will last a lifetime, and from the peculiar properties of the material of the pads, they are cooler, more comfortable, and altogether better than the ivory, hard rubber, or any other kind of pad.

Pamphlets with full descriptions and illustrations may be had gratis by applying to

KINNE & PHILLIPS,
182 Broadway, and 2 John Street.

Radical Cure of Hernia.—Dr. Heaton, 2 Exeter Place, Boston, continues to cure Hernia or Rupture in all its forms. He also attends to Female Complaints—to the cure of Varicocele, Hydrocele, Hæmorrhoids, and Diseases of the Urinary Organs.

Dr. H. calls attention to his Newly-Invented Instruments and Belts, particularly adapted to the Anatomy of Hernia, and hence can be worn with ease.

Patients received at his Infirmary, 72 LINCOLN STREET.

JUST PUBLISHED.

Surgical and Practical Observations ON THE DISEASES OF THE HUMAN FOOT, with instructions for their treatment. To which is added, ADVICE ON THE MANAGEMENT OF THE HAND. Illustrated with six colored plates. By J. ZACHARIE, Surgeon Chiropodist. 1 vol. 12mo. Price $1 00, for which sum it will be sent by mail free. Address,

CHARLES B. NORTON,
AGENT FOR LIBRARIES,
Irving Buildings, New York.

Mercurial Vapor Baths. Cohen, Cupper, &c., respectfully informs Medical Gentlemen that he administers

MERCURIAL VAPOR BATHS

for constitutional diseases, at the Fifth Avenue Hotel buildings, corner of 24th street (basement), under Caswell, Mack & Co., family chemists.

These baths are on the plan of Dr. Langsdown Parker, and can be relied on.

Refers to Drs. W. H. Van Buren, J. J. Crane, C. R. Agnew and others.

Cupping, Bleeding and Leeching promptly attended to; any amount of blood can be taken by the means of Cups, without the possibility of a failure; they can also be applied to the throat with the greatest facility. After 8 o'clock, P. M., daily, orders can be sent to his domicile, No. 444 Fourth Avenue, between 31st and 32d streets.

Refers to Drs. J. W. Francis, Griscom, Agnew, Barker, and others.

On the 1st of August, No. 2, 8vo, Price, $3 50 per annum.

THE LONDON MEDICAL REVIEW (Monthly).

FROM the Talent engaged upon it, and arrangements entered into, the Proprietor anticipates this publication will rank with the first in Europe. Contributions, Books for Review, and Letters to be addressed to the EDITOR, care of

H. BAILLIERE, Publisher, 219 REGENT ST., LONDON, W.; BAILLIERE BROS., 440 BROADWAY, NEW YORK, and J. B. BAILLIERE ET FILS, RUE HAUTEFEUILLE, PARIS.

CONTENTS OF NO. I.

Introductory Address.—Some Observations with Respect to a Philosophical Arrangement of Tumors and New Growths, by Samuel Wilks, M.D., Assist. Phys. and Lecturer on Path. at Guy's Hospital.—On Diseases of the Joints and Deformities, by Holmes Coote, F.R.C.S., Assist. Surg. St. Barthol. Hosp., and to the Royal Orthopedic Hospital.—The Ophthalmoscope, and its use in the Diagnosis of the Diseases of the deeper Parts of the Eye, by J. W. Hulke, F.R.C.S., Assist. Surg. King's Coll. Hosp., and Royal London Ophthal. Hosp.—Observations on a Case of Perforating Tumors of the Dura Mater, by Charles Coote, M.D., Oxon., F.R.C.P., Assist. Phys. to Middlesex Hosp. REVIEWS: Criminal Lunatics, by W. C. Hood, M.D.—The Change of Life in Health and Disease, by C. J. Tilt, M.D.—The Practice of Hiring Wet Nurses, especially from the Fallen, etc.—The Comparative Property of Human and Animal Milks, etc., by M. A. Baines.—The Seven Sisters of Sleep, by M. C. Cooke. FOREIGN DEPARTMENT: The Treatment of Neuralgia by Electricity.—Remarks on Hydrophobia.—Report on Progress of Chemical Science in connexion with Medicine, by W. S. Squire, Ph. D., F.C.S., Middlesex Hospital.—Case of Rupture of Stomach, Spleen, Peritoneum, and Left Lung, communicated by F. S. Worthington, Senior House-Surgeon.—Penetrating Wound of Chest.—Observations on New Wines.—Factitious Chalybeate Water, by Savory and Moore.—Notices.—Books received, etc.

CONTENTS OF NO. II.

Leading Article on the Mode of Operating in Cases of Extravasation of Urine into the Perinæum, etc.—Observations on a Case of Perforating Tumors of the Dura Mater. By Charles Coote, M.D., Oxon., F.R.C.P., Assistant-Physician to the Middlesex Hospital (Continued).—On the Admission of Air into Serous Cavities. By Alfred Meadows, M.D., M.R.C.P., Assistant-Physician for Diseases of Women and Children, at King's College Hospital, Physician-Accoucheur to the St. George's and St. James's Dispensary.—On the Use of Chloroform in Strangulated Hernia, as Indicating an Improved Practice. By Thomas Bryant, F.R.C.S., Assistant-Surgeon, etc., at Guy's Hospital.—On the Contraction and Dilatation of the Pupil of the Eye, produced by Opium and Belladonna, respectively. By Richard Hughes, M.R.C.S. and L.R.C.P. Ed., Examining Surgeon to the Orthopædic Hospital, Brighton. REVIEWS: Dr. Winslow on Obscure Diseases of the Brain and Mind, their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis.—Dr. Laycock on Mind and Brain, or the Correlations of Consciousness and Organization.—American Surgery: A System of Surgery, Pathological, Diagnostic, Therapeutic and Operative. By Samuel D. Gross, M.D.—A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, M.D.—Malgaigne's Treatise on Fractures. Translated by J. H. Packard, M.D.—Marley on Medical Missions.—Analytical Report on Wines. By Henry Matthews. FOREIGN DEPARTMENT: Spinal Congestion.—Santonine in Affections of the Eye—Enormous Cancroid Ulcer of the Face and Jaws.—A Salivary Calculus in a very young Infant. Guy's Hospital: Two Cases of Ligature of the Femoral Artery for Popliteal Aneurism; Laryngotomy in a case of Syphilitic Disease of the Larynx; Trephining the Tibia in Old and Inflammatory Disease of the Bone. St. Bartholomew's Hospital: Ligature of the Right and Left Femoral Artery (in one patient) for Popliteal Aneurism: Another Case in which the Aneurismal Sac was opened. Orthopædic Hospital: Discussion upon the Treatment of Anchylosed Joints. Notices to Correspondents, Miscellaneous, etc.

ICONOGRAPHIE OPHTHALMOLOGIQUE,

OU DESCRIPTION et Figures Coloriees des Maladies de l'Organe de la Vue, comprenant l'Anatomie Pathologique, la Pathologie et la Thérapeutique, Medico-Chirurgicales, par le Docteur J. SICHEL, Professeur d'Ophthalmologie, Médecin-Oculiste des Maisons d'Education de la Legion d'Honneur, etc. 1852–1859. 2 vols. large 4to., of which 1 vol. consists of 840 pages text, and 1 vol. of 80 plates, drawn and colored after Nature, accompanied with descriptive text. Half-bound. Price, $44 00.

J. B. BAILLIERE ET FILS, Paris.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

MANUAL OF DETECTION OF POISONS BY MEDICO-CHEMICAL ANALYSIS.

BY J. OTTO, Professor of Chemistry in Brunswick, Germany. Edited, with Notes, by W. ELDERHORST. 1 vol. 12mo., with illustrations. Price, $1 75.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

CONTRIBUTIONS TO MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,

WITH a Report on the Progress of Obstetrics and Uterine and Infantile Pathology in 1858. By Drs. NOEGGERATH and JACOBI. 1 vol. 8vo. Price, $2 00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Lectures on Histology,

DELIVERED at the Royal College of Surgeons of England, by J. QUEKETT, M.R.C.S.E. Vol. 1, Elementary Tissues of Plants and Animals. Vol. 2, On the Structure of the Skeletons of Plants and Invertebrate Animals. 2 vols. 8vo., illustrated by 340 woodcuts. Price, $5 75.

H. BAILLIERE, London.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

In the Press,

MANUAL OF HUMAN HISTOLOGY.

BY C. MOREL, Professor at the College of Strasbourg. Translated and adapted to the wants of the Medical Student by W. H. VAN BUREN, M.D., Professor of Anatomy, University Medical College.

1 vol. 8vo, with 28 plates.

BAILLIERE BROTHERS, 440 BROADWAY, NEW YORK.

Des Etranglements Internes de l'Intestin: memoire auquel l'Acad. Imp. de Medecine a decerné une Medaille d'Or, par le Dr. H. E. Besnier. 8vo. Paris. $1 25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Traite elementaire de Physique experimentale et applique, et de la Meteorologie. 9e edit. 12mo. Paris. profusely illustrated.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Traite des Maladies Mentales, par le Docteur B. A. MOREL. 8vo. Paris, 1860. Price, $3 25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Lectures on Chancre, delivered by Dr. RICORD, Surgeon to the Hospital du Midi, Paris. Translated from the French, by C. F. MAUNDER, M.D. 8vo. London, 1859. Price, $2 40.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Des Ruptures dans le travail d'Accouchement et de leur traitement—Thèse—par le Dr. A. Mattei. 8vo. Paris, 1860. 75c.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Des Tumeurs du corps Thyroide— Thèse—par le Dr. C. Houel. 8vo. Paris, 1860. 50c.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Theory and Practice of Midwifery.

By FLEETWOOD CHURCHILL, M.D. Illustrated by one hundred and nineteen wood engravings. Fourth edition, corrected and enlarged. 12mo. London, 1860. Price, $3 75.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Now Publishing in Parts.

Superb Work on Pathological Anatomy.

Traité d'Anatomie Generale et Speciale ou Description et Iconographie Pathologique des Affections Morbides, tant Liquides, observées dans le Corps Humain, par le Dr. H. LEBERT, Professeur de la Clinique Medicale à l'Université de Zurich, Membre des Sociétés Anatomiques, etc., de Paris.

The form of the work is folio, and will be completed in 40 parts, 34 of which are now published. Each part contains 30 to 40 pages of text, and 5 steel plates, drawn and colored after Nature. Price of each part, $3 37.

J. B. BAILLIERE ET FILS, Paris.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Practical Treatise on the Use of the Microscope.

By J. QUEKETT, M.R.C.S.E. 1 vol. 8vo., illustrated with 11 steel plates, and 300 wood engravings. 3d edition. Price, $5 00.

H. BAILLIERE, London.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Traite pratique d'Hygiene industrielle

et administrative; comprenant l'etude des etablissements insalubres, dangereux et incommodes, par le Dr. MAXIME VERNOIS. 2 vols. in 8vo. Paris, 1860. Price, $4 00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

De l'hematocele retro-uterine et des

epanchements sanguins non enkystes de la cavite peritoneale du petit bassin, consideres comme accidents de la menstruation, par le Dr. A. VOISIN. 8vo. Paris, 1860. Price, $1 12.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Guide du Medecin Practicien, ou re-

sume general de pathologie interne et de therapeutique appliquees, par F. L. J. VALLEIX. 4e edition, revue, augmentee, et contenant le resume des travaux les plus recents. 5 vols. in 8vo. Paris, 1860. Price, $11 25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Traite des Entozoaires et des Maladies

Vermineuses de l'homme et des Animaux domestiques, par C. DAVAINE, avec figures. 8vo. Paris, 1860. Price, $3 00.

BAILLIERE BROTHERS, 440 Broadway, N. Y

A Manual of Human Microscopic

Anatomy. By A. KOLLIKER, Professor of Anatomy and Physiology in the University of Wurzburg. With two hundred and forty-nine illustrations. 8vo. London, 1860. Price, $7 20.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Skin Diseases and their Remedies.—

12mo. London. 75c.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Des Tumeurs fibreuses de l'Uterus—

Thèse—par le Dr. T. Guyon. 8vo. Paris, 1860, 75c.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

The Wood Prizes.—Bellevue Hospital.

The Prizes offered by Dr. JAMES R. WOOD to the Matriculated Students for the Terms 1859-60, and 1860-61, in the College of Physicians and Surgeons, Twenty-third Street; University College, Fourteenth Street; New York Medical College, Thirteenth Street, and the Long Island College Hospital, Brooklyn, N.Y., for the Best Anatomical or Surgical Preparation, to be placed in the Museum of Bellevue Hospital, will be awarded by the Professors of Surgery, Anatomy, and Physiology, in the above Colleges, on MONDAY, March 4th, 1861.

JOHN E. WHITE, Warden of Bellevue Hospital.

NEW YORK, March 5, 1860.

Paul Bossange, Importer of Speci-

MENS OF OSTEOLOGY,

ANATOMICAL PREPARATIONS,

FOREIGN BOOKS, PERIODICALS, ETC.

NEW YORK. 49 WALKER STREET.

SPECIMENS CONSTANTLY ON HAND.

Artificial Legs and

Hands. Selpho's Patent Elastic Leg and Hand, 516 Broadway, New York.

These unrivalled substitutes for lost limbs, which have stood the test of over 27 years' experience and have never been surpassed, can be had only of Wm. Selpho, Patentee, 516 Broadway.

Wade & Ford, Surgical Instrument

Makers, 85 Fulton Street, New York, have now ready Dr. James R. Wood's General Operating Case. It contains a full set of fine Amputating, Trepanning, Minor Operating, and Eye Instruments, Sounds, Catheters, Elastic Bougies, Needles, Silk and Silver Wire Ligatures, &c. These instruments have been carefully manufactured and arranged under the supervision of Dr. James R. Wood, into a *compact* Rosewood Brass-Bound Case, about the size of the ordinary Amputating. It has met with general approval, and the following gentlemen endorse the quality of its contents:

JAMES R. WOOD, M.D.,
LEWIS A. SAYRE, M.D.,
STEPHEN SMITH, M.D.

Wade & Ford beg leave to call the attention of the faculty to the following notice of this Case of Instruments in the May number of the New York *Journal of Medicine*, page 427:

"A NEW AND COMPLETE CASE OF SURGICAL INSTRUMENTS.—The practitioner of surgery not unfrequently has need of an operating case which, in a compact form, embraces the instruments necessary for any and all operations. To the country practitioner especially would a case of instruments thus selected be a valuable acquisition. Such an operating case has recently been prepared by Messrs. Wade & Ford, 85 Fulton street, New York, under the direction of Dr. James R. Wood, combining in a single case of moderate dimensions, instruments and apparatus adapted to every emergency in which a surgeon can be placed."

We have recently perfected Dr. Lewis A. Sayre's improved Instrument for Morbus Coxarius, under his directions, and will, if requested, forward directions for measurements necessary for a perfect fit.

WADE & FORD,

Manufacturers and Importers of all

kinds of SURGICAL AND DENTAL INSTRUMENTS,

SPRINGS, TRUSSES, ABDOMINAL SUPPORTERS.

SHOULDER BRACES, STOCKINGS FOR VARICOSE VEINS, ORTHOPEDICAL APPARATUS,

Electric Machines, Ear Trumpets, Auricles, &c., &c.,

No. 85 FULTON STREET, NEW YORK.

Priced Catalogues will be furnished if required.

George Wade. Wm. F. Ford.

Brigham Hall; a Hospital for the

Insane. This institution, incorporated by Act of Legislature, and recently enlarged, is open for the reception and treatment of persons laboring under the various forms of insanity.

The hospital is pleasantly located, in the immediate vicinity of the village of Canandaigua. It has accommodations for eighty patients, and, having been erected for the purpose, possesses all the facilities of treatment found in such establishments.

Letters of inquiry and applications for admission of patients should be addressed to

DR. GEO. COOK, or to
DR. JNO. B. CHAPIN,
BRIGHAM HALL, Canandaigua, N. Y.

Otto & Reynders, Manufacturers and

Importers of SURGICAL, ORTHOPEDICAL, and DENTAL INSTRUMENTS, TRUSSES, etc., 58 CHATHAM STREET, New York.

Abdominal Supporters, Shoulder Braces, Stockings for Varicose Veins, Electric Machines, Ear Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Fine Cutlery, etc.

O. & R. are prepared to furnish the apparatus introduced by Dr. Davis, for the TREATMENT OF HIP DISEASE, as directed for his own patients. This mode of treatment originated with Dr. Davis, and, as we have made his apparatus for several years, we have every facility for making the same.

Physicians should use the American

SOLIDIFIED MILK, PREPARED NEAR AMENIA, IN DUTCHESS COUNTY, NEW YORK.

It is simply the richest milk EVAPORATED at a low temperature, and crystallized upon refined white sugar. The Reports of Special Committees from the N. Y. ACADEMY OF MEDICINE, and the AMERICAN MEDICAL ASSOCIATION recommend it as invaluable in PHTHISIS, DIARRHŒA AND DYSENTERY, PERSISTENT VOMITING, AND IN THE DISEASES AND WEANING OF CHILDREN. It is the most NUTRITIOUS DIET known, and in consequence especially recommends itself in the sick room. It is WARRANTED TO KEEP FOR YEARS IN ANY CLIMATE, and is therefore indispensable for families travelling with children, officers of the army and navy, sea captains, and those living in hot climates.

For sale everywhere. For pamphlet and price list address

AGENCY AMERICAN SOLIDIFIED MILK CO.,
73 LIBERTY STREET, NEW YORK.

MEDICAL COLLEGE OF OHIO.

The regular Lectures of this Institution will commence October 22d, 1860, and continue until the first of March, 1861. Clinical lectures will commence in the Hospital October 1st, and continue regularly during college term.

FACULTY.

M. B. WRIGHT, M.D., Obstetrics and Diseases of Women and Children.
GEORGE C. BLACKMAN, M.D., Surgery and Clinical Surgery.
JAMES GRAHAM, M.D., Practice of Medicine.
W. W. DAWSON, M.D., Anatomy.
J. F. HIBBERD, M.D., Physiology and Pathology.
J. C. REEVES, M.D., Materia Medica and Therapeutics.
CHARLES O'LEARY, M.D., Chemistry and Toxicology.
JOHN S. BILLINGS, M.D., Demonstrator.
CHARLES THORNTON, M.D., Prosector to Professor of Surgery.

Professor's Tickets, including Hospital Ticket	$105 00
Matriculation Ticket	5 00
Demonstrator's Ticket	6 00
Graduation Fee	25 00

Good Boarding from $3 to $5 per week. Hospital advantages all that can be desired.

M. B. WRIGET, M.D., Dean.

The Butter Mill, or Farmer's Churn.

PATENTED MAY 10, 1859, BY LEONARDO WESTBROOK.

The Butter Mill grinds and thus breaks the milk-sacs, or globules which contain the butter. Butter is thus made from SWEET Milk in five minutes, leaving the milk perfectly sweet.

ADVANTAGES IN USING THE BUTTER MILL.

1st. Better butter and more of it than by any other process.
2d. Butter from sweet milk will keep longer.
3d. An immense saving of time and labor.
4th. A great saving of money and trouble; no cellars being necessary, no pans to buy or clean, as milk may be churned at any time after the same is cooled.
5th. The Butter Mill is cheaper, simpler, more practical, more easily worked, and more easily cleaned, than any other apparatus that can be used to execute the same work.
6th. The milk, after having been churned, being perfectly sweet, may be used for making cheese, or for ordinary purposes, or table use.

The Butter Mill for cheapness, simplicity, and efficiency, challenges the world.

Butter made from sweet milk every Tuesday and Friday, at 1 o'clock P. M.

Farmers and Dairymen are invited to come and see, and to bring their milk and have it churned, or churn it themselves, if they choose to do so.

For Butter Mills, at Wholesale and Retail; for State, County, or Territorial rights or agencies, or for further information, call on or address

LEONARDO WESTBROOK, 122 BROADWAY, NEW YORK.

New Orleans School of Medicine,

Situated on Common Street, opposite the Charity Hospital.

The regular Course of Lectures in this Institution will commence on Thursday, the 15th November, 1860, and terminate in the latter part of March, 1861.

FACULTY.

ERASMUS D. FENNER, M.D., Professor of Theory and Practice of Medicine.
AUSTIN FLINT, M.D., Prof. of Clinical Medicine and Medical Pathology.
ANTHONY A. PENISTON, M.D., Professor of Anatomy.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopy.
SAMUEL P. CHOPPIN, M.D., Professor of Clinical and Operative Surgery.
CORNELIUS C. BEARD, M.D., Professor of the Principles of Surgery and Surgical Pathology.
D. WARREN BRICKELL, M.D., Professor of Obstetrics and Diseases of Women.
ISAAC L. CRAWCOUR, M.D., Professor of Chemistry and Medical Jurisprudence.
HOWARD SMITH, M.D., Professor of Materia Medica and Therapeutics.

The Dissecting Rooms will be opened on the 15th of October. Clinical instruction will be given *daily* in the wards of the Charity Hospital, and three times a week at the College Dispensary, where the patients number about one hundred a week.

The College is located within thirty steps of the Charity Hospital, an advantage not possessed by any other in this country.

The Faculty of this Institution are amongst the duly elected Visiting Physicians and Surgeons of the Charity Hospital, and, according to a late Act of the State Legislature, "shall at all times have free access to the Hospital, for the purpose of affording to their pupils practical illustration of the subjects they teach."

The Board of Administrators elect annually, in April, twelve Resident Students, who are furnished board and lodging in the Hospital; and the Students of this School are equally eligible to this place with any others.

The great aim of this Institution is, not only to thoroughly indoctrinate the Student of Medicine in the fundamental principles of Medicine by abstract Lectures, but by drilling him *daily* at the bedside of the sick man, to send him forth at once qualified to recognise and to treat Disease. For this great purpose, the Charity Hospital, situated at our very door, affords opportunities unequalled in this country. The distinguished abilities of Professor A. Flint, both as a lecturer and writer on Clinical Medicine, will here find an admirable field for display.

Dissecting material is abundant in New Orleans, and Practical Anatomy will be thoroughly taught. Besides spacious, well-ventilated and well-lighted Dissecting Rooms for the use of students, a large and well-arranged Private Dissecting Room is fitted up for the especial use of practitioners who matriculate in this Institution.

The Professors will take pleasure in aiding the students to procure cheap and comfortable board and lodging.

Amount of Fees for the full Course of Lectures	$108 00
Matriculation Fee (paid but once)	5 00
Dissection Fee	10 00
Graduating Fee	25 00

For any further information, address

E. D. FENNER, M.D., *Dean of the Faculty.*
NEW ORLEANS, June, 1860. No. 5 Carondelet Street.

FORBES WINSLOW.

ON Obscure Diseases of the Brain and Disorders of the Mind; their Incipient Symptoms, Pathology, Diagnosis, Treatment and Prophylaxis. 8vo. London, 1860. Price, $4 80.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

RECORDS OF DAILY PRACTICE:

A SCIENTIFIC VISITING LIST FOR PHYSICIANS AND SURGEONS.

CONTENTS:

Present State of Patients	72 double pages.	List of Nurses and Address	2 pages.
Microscopical Examinations	4 pages.	Meteorological Observations and Endemic Influences	4 "
Obstetrical Engagements	4 "	Miscellaneous Memoranda	6 "
Vaccination "	4 "	Index of Patients	4 "
Consultation and other Professional Engagements	4 "		

This little book is not intended to supersede the use of a regular visiting list; its aim, as the title indicates, is to supply a medium for taking notes of the state of the patient, as soon after the visit as it is possible, and whilst the facts are still fresh in the memory. In hospital practice we believe it will be found invaluable. The arrangement, under the head of "*Present state of the patient*," is admitted, by competent judges, to be all that could be desired.

Price, in cloth, 50 cents, or in pocket-book form, 75 cents, by mail, free on the receipt of the price.

BAILLIERE BROTHERS, 440 Broadway, N. Y

ILLUSTRATED MANUAL OF OPERATIVE SURGERY AND SURGICAL ANATOMY.

EDITED, with Notes and Additions, by W. H. VAN BUREN, M.D., Professor of Anatomy, University Medical College, and C. E. ISAACS, M.D. Complete in one volume, 8vo., with 113 colored plates, half-bound morocco, gilt tops. Price, $15 00. The same, with plain plates, $9 50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

THE NATURAL HISTORY OF MAN;

COMPRISING Inquiries into the Modifying Influences of Physical and Moral Agencies on the different Tribes of the Human Family. By JAMES COWLES PRICHARD, M.D., F.R.S., M.R.I.A., Corresponding Member of the National Institute of the Royal Academy of Medicine, and of the Statistical Society, etc. 4th edition, revised and enlarged. By EDWIN NORRIS, of the Royal Asiatic Society, London. With 62 plates, colored, engraved on steel, and 100 engravings on wood. 2 vols. royal 8vo., elegantly bound in cloth. Price, $10 00.

Six Ethnographical Maps. Supplement to the Natural History of Man, and to the Researches into the Physical History of Mankind. Folio, colored, and 1 sheet of letterpress, in cloth boards. 2nd edition. Price, $6 00.

H. BAILLIERE, LONDON.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

Original Lectures.

CLINICAL LECTURE.

DELIVERED AT THE NEW YORK HOSPITAL,

BY

H. D. BULKLEY, M.D.,

ATTENDING PHYSICIAN.

Since my remarks to you on the subject of dropsy as a symptom of different forms of disease, Gentlemen, we have had in our wards two other cases belonging to the same class, one a case of ascites, connected with enlargement of the liver, making a second case of this disease under treatment, and another a case of albuminuria—respecting the dropsical part of each of which I wish to say a word.

Ascites.—Albuminuria.

I would first remark, in connexion with the cases which made the basis of our former lecture, that in one of them—that in which there was effusion into the upper extremity on the right side, and afterwards on the left side, and which presented symptoms indicating obstruction of some kind to return of blood to the right side of the heart—the change of diuretic from the acetate of potash, with infusion of buchu, to a decoction prepared from seneka, squills, and juniper berries, and the sweet spirits of nitre, was followed so soon by marked increase in the quantity of urine discharged, as to be fairly attributable to this change, as we supposed it to have been in the case of ascites formerly mentioned. In that case, in which the quantity of urine passed on the 1st July was sixteen ounces in twenty-four hours, and which at first increased to thirty-six ounces under the use of the acetate of potash and buchu, with rest in the hospital, and then sank to twenty-four ounces in twenty-four hours for five successive days, on the 21st of July reached fifty-six ounces, and on the 24th reached sixty-eight ounces in twenty-four hours. This is the case in which you will perhaps recollect that I gave pills of blue pill, squills, and digitalis, for the three or four days, but which I was obliged to suspend in consequence of too great action upon the bowels, and in which for one day we had a report of only eight ounces in twenty-four hours, owing partly to the abundant discharges from the bowels, and partly, doubtless, to the difficulty of measuring the urine while such catharsis was going on. The question may very properly be asked, Whether this action upon the bowels, and especially the unloading the liver by means of the blue pill, may not have prepared the way for the increased action of this diuretic? The short time during which the pills were taken, and the decided action upon the bowels, would seem to point to the blue pill rather than to the digitalis as the cause, if it were owing to either, of the increased diuresis which has since taken place. In the other case, that of ascites, a similar increase has already been mentioned as having been produced by the change of diuretics alluded to, and I will now only add that this increased rate of discharge continues under the use of the same means. You will remember that the combination which produced this increased action in both cases, consists of articles which come under the head of Dr. Golding Bird's *special* diuretics.

In the case of ascites with enlargement of the liver, which was in a man of intemperate habits, a barkeeper by occupation, whose disease was evidently connected with the abuse of alcoholic stimulants, a remarkable increase in the quantity of urine passed took place within two days, simply from a change of habits, keeping him at rest in a recumbent position and without any medicine of any kind, forty ounces having been passed in twenty-four hours the day after he entered the hospital, and seventy-two ounces in twenty-four hours on the following day, showing the necessity of caution in attributing to remedies what may sometimes at least be due to other causes. This case is one of interest in other points of view, and I shall probably return to a consideration of it at some future time, and only allude to it now in connexion with the dropsical feature in it.

I wish, in this connexion, to say a word respecting the dropsical effusion in the two cases of albuminuria now in our wards, which present some points of contrast, and also afford some confirmation of the value of the microscope for the purpose of prognosis in that disease. To the first of these cases, I made brief allusion on a former occasion. The patient, a stout Irish laborer, thirty-eight years of age, who entered the hospital on the 14th of July last, had first noticed a swelling of his feet and ankles about five weeks before, which was followed soon after by swelling in the face, and accompanied with a scanty secretion of urine. When first seen, the face, and legs, and thighs were very much distended with fluid, and the scrotum was very much enlarged from the same cause, and he presented a characteristic specimen of that puffy and doughy appearance associated in the minds of all with Bright's disease. He was passing about forty ounces of urine in twenty-four hours, of a reddish tinge, and highly charged with albumen. The microscopical examination, however, showed but few casts, and none containing oil, and consequently pointed to an acute form of the disease. Under the use of the hot air bath, with spiritus mindereri, and the infusion of buchu, and acetate of potash, which was subsequently changed to the diuretic decoction containing squills, seneka, etc., formerly alluded to, the quantity of urine gradually increased, until it averaged about sixty ounces in twenty-four hours, and now, at the close of the month, the swelling has very much subsided, the face has become almost natural in appearance, and he feels in every respect much improved. It is proper to say that he was put under the use of the tincture of muriate of iron a short time after his admission.

The other case of albuminuria is that of a man, also a sailor, a native of New York, thirty-seven years of age, who entered the hospital on the 18th inst. He had always considered himself a healthy man, until only about eight days ago, when he noticed that his feet and legs were beginning to swell, and that his urine had become scanty and high colored, and that he had more frequent calls to pass it than before. There had never been any swelling of the face. The register of water passed showed only eight ounces the first twenty-four hours. The face had somewhat of a waxy appearance, but was not in the least puffy, and the swelling of the feet and ankles was quite moderate. The urine was of high specific gravity, and was heavily loaded with albumen, and also with the urates. He was put under the use of the hot air bath, with the spiritus mindereri and ipecac internally, to which was soon added the acetate of potash and buchu, as a diuretic, and in a few days afterwards the tincture of muriate of iron. Under the use of these means (the same as those so effectual in the other case), the quantity of urine increased in a day or two to twenty ounces in twenty-four hours, beyond which it has but slightly increased during the last eleven days, having only twice reached twenty-four ounces, and once twenty-nine ounces; while, on one of the days, it fell to sixteen ounces. During this time the dropsical effusion has been slowly but regularly making progress until now, the legs and scrotum have become very much distended, and even the cellular tissue in the upper part of the thighs and about the hips has become much infiltrated, and pits on pressure. With this increase of dropsical effusion, there has been considerable failure in the vital powers, and his complexion is more pallid than before. Now why this difference in the two cases? The microscope shows in this case a great abundance of casts, loaded with oil globules, which could lead us to a much more unfavorable prognosis in this than in the former case, notwithstanding the much more favorable early history of the latter.

Pericarditis.

The case now before us is one which illustrates several practical points connected with pericarditis, under which the patient is still laboring, and is one which caused me no little uneasiness when I first saw it, which was eleven days ago, when I commenced my term of service here. He is an Irish boy, nineteen years of age, a shoemaker by trade, apparently of healthy constitution, who has had rheumatism, and also pneumonia and pericarditis, and pleuritis, and who had an exacerbation of symptoms of pericarditis when I took charge of him. He was then very pale, laboring under dyspnœa, amounting almost to orthopnœa, with an anxious countenance, and a pulse of about one hundred and fifty, and very quick as well as quite feeble. There was no swelling or pain in the joints. There was decided fulness over the præcordial region, over which dulness on percussion extended to the sternum, and at least four inches to the left from it, and also upwards beyond the normal limit, though the exact extent was not noted at the time. The sounds of the heart were very indistinct, and could hardly be distinguished from each other. No friction sounds could be heard, nor any valvular sounds. There was moderate dulness on percussion over the left side of the chest posteriorly, and subcrepital râle over the same region. The physical signs then, which are by far the most important in the diagnosis of a case of pericarditis, pointed to a case of that disease with effusion, and which had evidently been much increased since the day before, as shown by the more urgent rational signs, and by the disappearance of a friction sound which I was informed had been well marked previously. The practical question as to the treatment was an important one. If prescribed for according to its name, leeching, cupping, and perhaps even venesection might pass before the mind in connexion with the teachings of the books respecting this disease. But the time for antiphlogistic means had passed, if it had ever existed, and here I would caution you, in passing, against being influenced by the name of a disease in your treatment of it. The next point passed in review in such a case would be the propriety of a mercurial course. This idea would probably be discarded by some, who would recommend opium to allay the excessive irritation of the heart, while others would recommend the exhibition of these two agents in combination. I preferred to use neither of these remedies in such high repute in this disease, and which doubtless are valuable agents in some forms and stages of it, but directed iodide of potassium in ten grain doses, every six hours, and a sinapism over the left side of the chest, both anteriorly and posteriorly. The object of giving this remedy, now so popular for so many, and indeed most varied diseases, was to act as a diuretic, in the hope of relieving the effusion, which I supposed to be passive in its character, and to the increase of which I attributed the great aggravation of his symptoms within the last few hours. I was gratified to find marked improvement on the following day, which improvement has been gradually progressing until now, when his changed countenance, lighted up with a smile, his comparatively tranquil breathing, and his pulse diminished in frequency, present a marked contrast with what then existed. Under the use of this remedy, there was an evident increase in the quantity of urine; and, corresponding with the change in his general condition, was a return of friction sounds over the præcordial region, which had disappeared under the increased effusion. These are now less than they were, and the sounds of the heart seem perfectly clear and normal, showing, if we hear correctly, that the heart itself has escaped injury, notwithstanding the danger to which it has been exposed. Three or four days ago, I directed the citrate of iron to be combined with the iodide of potassium. This is often a very important, and sometimes a necessary auxiliary in restoring the healthy condition of the blood during convalescence from rheumatism, as well as other diseases, and thus counteracting the effect of the two depressing causes which have been in operation, which causes are found both in the disease itself and in the remedies used to control it.

Rheumatic Fever.

The case just exhibited presents you a palpable instance of the local mischief produced by the rheumatic poison, for such is the epithet applied by modern pathologists to that peculiar morbid material circulating through the system which gives rise to those symptoms known under the name of rheumatism. I now show you a case in which we have marked constitutional disturbance, with but moderate and only transient local difficulty. This patient, a native of England, a druggist, twenty-one years of age, was admitted into the hospital on the 3d inst., with high febrile excitement, and profuse perspiration, and with such a slight amount of pain in the joints as to attract no special attention at the time. Indeed, the febrile condition was so far the predominating feature of the case, that it was at first watched with reference to the type of the fever, a suspicion having at first arisen in the mind of the resident physician that it was periodic. A careful watching, however, showed an absence of any exacerbation or remission, and the continued type of the fever was soon beyond doubt. It now, however, led our thoughts in a different direction, a tendency to redness about the edges and tip of the tongue, with slight dryness of it, leading us to watch lest it might partake of a typhoid character. With this continued frequency of the pulse, and suspicious appearance of the tongue, there was profuse perspiration over the whole of the body and limbs, and with this a most abundant crop of miliary eruption. Litmus paper showed the perspiration to be decidedly acid, which was also markedly the character of the urine. Attention was called about this time to the joints, which were slightly swollen, more especially the wrists and ankles, but not so as to interfere with their use. An early diagnosis of the case as one of rheumatic fever had led to the usual treatment of this disease with us, the free use of Rochelle salts, which was given in half drachm doses every three hours. Under this treatment, and this alone, he had been slowly but gradually improving, the urine having become alkaline at one time under its use, but afterwards becoming acid again, though only temporarily, the fever slowly diminishing, the profuse perspiration ceasing, the pains in the joints nearly gone, and his condition altogether quite comfortable. The sounds of the heart have continued natural during the whole time. This case illustrates the important practical point, that in rheumatism, the fever is the only constant fact, the pains varying very much in their nature and severity, and changing their location often when they do occur, sometimes attacking the joints, and afterwards the membranes of the heart, and at other times attacking that vital organ at first, without showing its effects anywhere else.

Paraplegia.

The patient now before us has just entered the Hospital, and we will investigate his case. He is a native of Ireland, 27 years of age, a seafaring man, and has recently been a steward on board of an ocean steamer. Some three or four months ago he experienced hardships and exposure from having been wrecked, and afterwards exposed to wet and cold in scrubbing the deck of the vessel, and in other ways; and also suffered much mental anxiety about the same time. Soon after this he was attacked with pain in the back between the scapulæ, and also severe pain, with a feeling of constriction across the lower part of the chest and upper part of the abdomen, as though bound tightly across those parts with a cord, for which he entered an hospital at Havre. He was told that it was rheumatic, and that it would pass downwards and thus pass off. These feelings partially subsided, when he began to experience a sense of numbness of the lower extremities, and found that he was beginning to lose the use of them. The sensation in the limbs returned, but the loss of power gradually increased,

though he was still able to walk about, when he entered the hospital in Charleston, S. C., a fortnight ago; soon after which he lost the use of them entirely, and could not even stand upon them. While there he was repeatedly blistered on the lower half of the back, and also along the limbs, and also had galvanism applied, and probably, also, took strychnine, as he says that he took something which caused violent twitching and jerking of his legs. But he continued to grow worse instead of better, until the paralysis extended to both the rectum and the bladder.

He says that he has always been a healthy man, with the exception of having an attack of fever while within the tropics two and a half years ago, and a gonorrhœa four years ago, which produced a stricture of the urethra, from which he still suffers. He never had syphilis.

As now before us, you will see that he is entirely unable to move his lower limbs, not even to draw them up, as he lies upon the bed; sensation in them is normal, and reflex action is unimpaired. He has a constant burning sensation in the soles of the feet. Discharges from both bladder and rectum take place involuntarily. He has never had any pain in his head, and his mind is entirely unaffected. He still feels a sense of constriction across the lower part of the chest and upper part of the abdomen; there is, also, pain on pressure over the lower dorsal and the whole of the lumbar vertebræ; but it is possible that some of the pain thus produced may be owing to tenderness caused by the repeated blistering to which he has been subjected. His pulse is 88, rather small, but regular; tongue clean, appetite good, bowels open. He suffers somewhat, at times, from pains and spasmodic twitchings of the limbs, but much less than often occurs in more advanced cases of this affection.

You have, then, a well characterized, and, indeed, a model case of paraplegia, or paralysis of the lower extremities, a disease almost exclusively dependent upon some affection of the spinal cord or its appendages. The cause, exposure to wet and cold, is one of the most common of those producing the disease, and sometimes developes it in those who stand in the water for hours at work. It is also sometimes produced by sleeping on the damp ground, and sometimes by sleeping exposed to the night air.

A characteristic and almost pathognomonic symptom is the peculiar pain, with a sense of constriction across the lower part of the chest and upper part of the abdomen, so well marked in this case, which is sometimes mistaken for rheumatism, as it was in the present instance, and which I have known mistaken for pleurisy. You notice that the sensibility of the lower extremities continues normal, but that there is entire loss of voluntary motion, and that the paralysis has extended to the sphincters of the rectum and bladder, and that he is unable to retain the contents of either. There is pain in the back, and tenderness on pressure over several of the dorsal and lumbar vertebræ, and he still complains of the severe pain radiating from the spinal column and extending across the front part of the abdomen. His general health has begun to suffer from the irritation of the disease and from the confinement. He has lost flesh, is anæmic, and has a frequent and feeble pulse. The progress of the disease seems not to have been at all affected by any of the remedial means used, but to have been constantly onward. Different views have been taken of the pathology of this affection, and it is doubtless true that the nature of the lesion differs in different cases. It is sometimes owing to thickening of the investing membrane of the spinal cord, and sometimes to inflammation of the spinal cord itself; and when the latter lesion exists, sometimes softening of the cord, and at other times induration follows, each of which is attended by its own more or less characteristic symptoms. They are always unpromising cases, especially when they have already lasted so long without amelioration by remedies. Without detaining you with the discussion of the different remedial means recommended, which may, perhaps, furnish the subject for future remarks, I will say that I shall try in the present case the effect of a mild mercurial course, and therefore give him the proto-iodide of mercury in half grain doses, combined with one grain of extract of conium, night and morning, leaving him without any counter-irritation at present. I shall give him nourishing but unstimulating diet at present, but if he grows more feeble, shall give him tonics and stimulants. I wish to mention one caution of a practical nature connected with this disease, suggested by a case of it in our wards last year. The patient, an adult male, had constant dribbling away of urine, and it had been taken for granted by the physician in the city under whose care he had been for three weeks, that the bladder had been fully evacuated from day to day; but on percussion over that region, it was found very much distended, and a large quantity of strong smelling, highly colored urine was drawn off by the catheter. Another still more unfortunate instance of neglect in that case, which should also serve as a warning in similar cases, was that the urine, which had been constantly dribbling away for so long a time, had produced inflammation and excoriation of the skin on the inside of the thighs, and had also given rise to large and foul bed sores over the sacrum and one of the trochanters, a condition very apt to happen when parts are constantly exposed to such an irritating cause in a system weakened by disease, and by long confinement to one portion and aided by the continued pressure by the weight of the body. Dribbling away of urine should always lead to a careful examination of the state of the bladder, and to an evacuation of its contents, if distended. In the present case, the bladder was found to be nearly empty.

Original Communications.

HISTORY OF A CASE OF THE DRACUNCULUS OR GUINEA WORM (FILARIA MEDINENSIS).

TREATED AT THE SEAMEN'S RETREAT, S. I.

BY C. E. SEVERANCE, M.D.,

HOUSE PHYSICIAN.

Jas. H. Harvey, nativity, N. Y.; aged 32 years, was admitted into the Hospital, June 11, 1860. The right ankle was considerably swollen, extending on the external side nearly to the knee, quite dark colored, and attended with intolerable itching throughout the day. From six or seven o'clock in the evening until daylight he was every night kept awake, and sometimes almost frantic, from the jerking pain, as he expressed it, which seemed as though the bone was being gnawed off.

About four weeks previous to admission, while "before the mast" *en route* from New Orleans to New York, he first observed a swelling, which commenced below the external malleolus, attended with slight itching, which gradually increased and extended. June 17th, about two inches above the malleolus, a vesicle was punctured at the apex of what appeared to be a boil, when with the semi-transparent serous discharge, in quantity perhaps half a drachm, a dracunculus was observed, a loop of which protruded fully an inch. This was the sole cause of all his trouble. Dr. Livingstone's method was immediately resorted to, which is *the roller compress and adhesive straps*, and in forty-eight hours the head together with half a yard of the body was extracted. The patient being alone when the head appeared, was anxious to remove it himself, but making too great traction, he broke the body at the puncture, leaving a portion of unknown length hidden in the tissues. Inflammation and pain followed, increasing for several days. Lines of livid red, one-fourth of an inch wide, extended around and across the leg, and half the distance from the knee to the hip. These gradually subsided, and the swelling and pain diminished day by day; and, after considerable suppuration,

the wound healed. August 1st, the patient was discharged cured.

The dracunculus, of the class entozoa, and species *filaria medinensis*, is of that division in which is found a distinct intestinal canal, orifices at both ends, and traces of a nervous and muscular system. It is confined to tropical localities; seldom more than three yards long; and is found of diminished length according to its age. The female only has been discovered, which resembles a flattened cord one line in diameter, of a yellowish color. The head is round, a little larger than the body, and armed with four straight pointed spines, by which it probably penetrates the tissues. It is found in the subcutaneous areolar tissue, chiefly of the ankles, feet, and legs; very seldom in the abdominal parietes or arms. Sometimes it appears as an endemic, attacking certain regiments in armies and sparing others.

Dr. Livingstone believes it mostly inhabits low marshy districts, following the rainy seasons; that other animals become infected only by coming in actual contact with it; hence the natives of Africa guard against wetting their feet, bathing in standing pools, or sleeping on the ground. As many as fifty have been found in one person; more than one, however, seldom occurs. It is viviparous, and the young are supposed to be impregnated before entering the flesh of other animals, and after attaining their full development attempt an escape to their native soil in which to deposit the germs, where the male constantly remains. When it is superficially situated its growth can be watched, which is quite rapid, ofttimes increasing more than an inch in twenty-four hours. When deep, it may remain a long time undiscovered, and be transported to foreign countries, without showing any symptoms of its presence. Before opening externally, a little boil may be observed, from which, when it bursts, or is opened, the anterior part of the worm protrudes. Gentle and continued traction should be made, the compress rolled three or four times per day, and great care taken not to break it, for serious results will be most likely to follow such an accident.

Whether the germs ever live and mature in the flesh after the death of the parent from such accidents, without first being deposited in the ground, is doubtful, and in view of that, the above-named case is an interesting one to observe. This case is interesting also in showing how long a period this entozoon can remain burrowed in the tissues, without acting as a foreign body, it being full six years since the patient was in Mogador, Morocco, where he remained nearly a month travelling with uncovered feet, and sleeping on the ground. He returned to N. Y. in August, 1854, and has since remained in the U. S.

THE RATIONALE OF THE HOT AND COLD STAGES AND PERIODICAL EXACERBATION OF DISEASES.

BY W. F. STUDLEY, M.D.,

OF YORKVILLE, N. Y.

The existence of what may be denominated the Hot and the Cold Stages, or the Periodical Exacerbations of many, if not most diseases, will be generally admitted. The experience of every observing physician is that in a large number of diseases these mysterious phenomena are constantly recurring. My object is simply to throw out some suggestions which, if they do not solve the problems, will at least only add a few more harmless conjectures to the already accumulated mass. The consideration of *heat* and *cold*, as exhibited in the animal economy, involves the subject of calorification, and this again depends upon the *circulation* and the *nervous system*. No proposition in physiology seems more fully settled than the mutually modifying relationship of the nervous and the circulatory systems; again none more clearly proven than that the waste of tissue must be compensated by repair—and it is from the peculiar phenomena which we see exhibited that the following propositions are deduced.

1st. That *abnormal cold*, as observed in the outset and oftentimes during the course of different diseases, is a consequence of suspension of nutritive processes, depending on nervous influences either centric or reflex.

2d. That *abnormal heat*, as observed in the same, is a consequence of exaggeration in the nutritive processes, depending on nervous influence either centric or reflex.

3d. That periodic exacerbations of disease, by which I mean more or less stated recurrences of depression and reaction, are simply phenomena of tissue exhaustion and resuscitation—waste and repair.

The Rationale of the Cold Stage.—Marshall Hall has given, in his philosophical researches, a key with which we may unlock many hitherto secret and profound mysteries, and the idea which we gain from him in reference to reflex action may be applied to the explanation in point. Whichever theory we adopt as explanatory of animal temperature, whether that of combustion between oxygen and carbonaceous material in the blood, or the more recent one of the assimilative and disassimilative processes, the fact of nerve influence as the great regulator and modifier of that temperature remains undisputed. Both physiological experiment and pathological accident point to and directly prove this. The raising or the lowering of the temperature of the body through any excitement or disturbance of the nervous system is a daily fact and a daily observation. The distinctive office of the circulatory system is that of bringing pabulum for the tissues. The distinctive office of the nervous system is the endowment of those tissues with susceptibility; one conveys the food to the part, the other modifies the chemico-vital action on which assimilation depends. Neither is independent of the other; on the state of the blood depends the condition of the nerves, and the nerves morbidly affected cannot yield that susceptibility necessary to an active, equable, elective affinity. The nervous system is the sentinel ever on the alert to warn against dangers without and within; it guards the pharynx and larynx, and, indeed, all the outlets and inlets to the body. In view of these functions, as also the intimate relationship which exists between nerve action and animal temperature, we may extend this reflex law to the capillary system. Over this extensive field may not nature have stationed her manifold sentient and motor sentinels? Disregarding the fact which is unimportant, the question we propose is whether the phenomena we seek to explain are referable to the well-known law.

Adopting the theory of combustion for the present, we will apply this law. Let us suppose a disease, beginning with a blood poison, has passed through its mysterious incubation (of whose nature we can perhaps never know anything), until it has reached that point at which peaceable toleration must cease. In accordance with the principle of reflex action this poison is, so to speak, repulsed. While the tissues throw off their effete matter they do not receive in exchange the poisoned blood. As a consequence of this twofold action, the blood becomes carbonized, and yet there is no commensurate combustion, since the demand for new blood is more or less diminished by this interruption in assimilation. Hence the sluggishness of the circulation, the interference with the process of combustion, and the deprivation of the calorifying agent; and hence the induction of a general or a partial chill. Whether in this process the nerve action is purely reflex or purely centric, the final effect must be the same.

Again, let us adopt the theory that animal temperature depends simply and solely upon the nutritive processes. So far as *nerve force* is concerned its modus operandi is the same. In one case animal heat is ascribed to the *act* of assimilation, in the other more or less to a product of that *act* considered as the fuel for the fire; but prior to all this the nerve force must still come in. With regard to the action of the nerves let us dwell more particularly upon the teachings of physiology. If we should simply generalize, the whole might be reduced to a syllogism. Thus it is a set-

tled point in physiology, that the nutritive processes depend upon the ganglionic or sympathetic system of nerves. Again, it is a settled point that upon these very nutritive processes animal temperature depends. Therefore any disturbance of that nervous system must be manifested in a corresponding abnormality of animal heat; and to this conclusion, after all, it seems that we must come, whatever data we take. But let us draw our conclusions from examples. Suppose a man has received concussion of the brain; the usual phenomenon immediately afterwards is *coldness* of the surface. Here it is evident that the great nerve centres are the parts primarily affected, and through them, the nervous system as a whole, and the consequence is reduction of heat. The connexion then between this invasion of the nervous system and reduction in temperature is most intimate, and the only ground for a charge of fallacy in our inference is the supposition that this reduction of temperature is owing to a direct effect upon the muscular power of the heart, whereby its action is impeded. But we may meet this supposition with another example. Let us take a case of paralysis. Here we *know* nerve influence is, to a certain extent at least, cut off, and although the sympathetic system, distributed to and presiding over the parts, may be entire, yet since undoubtedly one of its chief function is to work in response to the stimulus of sensation and motions, when these are removed the natural result would be as we find it, viz. defective nutrition and its consequent reduction of temperature. In this case the heart's action is as normal and healthy as ever. It is not, therefore, from defective nutrition arising from the lack of a due supply of blood from the heart; but defective nutrition arising from *nerve disturbance*, that coldness in concussion of the brain, as well as in paralysis, may be brought about.

But without enumerating examples it is sufficiently evident that a serious disturbance of the nervous system *may*, and so far as our observation goes, does always produce a chill; and wherever we see this chill or reduction in temperature prolonged, as in paralysis; more or less limited in phthisis; and in all cases where we know nutrition is defective, we can but come to the conclusion that nerve force, nutrition, and animal heat, follow as direct cause and effect. It cannot be considered altogether chimerical if when we observe this phenomenon in many if not most diseases, we should ascribe it to the same common cause; when a person is attacked with erysipelas, and the disease is ushered in with a chill, and all acknowledge that some specific poison is at work in the system, we do not transgress the principles of analogical reasoning, if we account for it on the same premises that we do in injuries of the brain, or nervous system generally; and when a man has swallowed a poison, or inhaled the poison of a contagious disease, as small-pox, scarlatina, &c., or imbibed the general poison of malaria, and as a consequence falls a victim to disease which is ushered in with a distinct chill, we may with propriety turn for a solution of this problem to the well known and common effect of depressed nervous action, which effect is a suspension of the healthy and active processes of assimilation and dis-assimilation.

But after a limited period, in the majority of active diseases, at least, there comes a cessation of this cold stage, and reaction takes place. This brings us to our second proposition.

It is a common fact, coming under the daily observation of all, that the vital powers will often succumb, to a certain extent, to *one kind* of invasion, and yet be excited and aroused from their failing condition, by *another kind* of attack which shall supersede the former and bring out dormant and entirely new energies. Now, when we take into account what must be the condition and tendency of the molecular constitution of the tissues, dependent as they are for their very existence upon that vitalizing nervous system which during the chill is depressed, this very tendency to molecular derangement during the stage of depression, constitutes in the end the spur and irritant by which the sleeping energies of the nervous system are aroused. Thus one shock may depress the system, and another of a different nature may arouse that system to an unwonted and undue energy. This I conceive to be the *modus operandi* of the reaction from the cold stage. In one instance the nature of this reaction may be excessive tissue repair, in another it may be excessive tissue disintegration; and in a third both processes may be simultaneous. But whatever may be the view taken upon this point, the idea which I wish to convey is that derangement in the vitality of tissues consequent upon suspended nerve force, constitutes the stimulus by which the nervous system is again aroused. In this respect it seems to be a phenomenon of reflex action. All of the healthy processes which for a period had been somewhat suspended, are now pushed to the other extreme in just the ratio of the stimulus applied, and the morbid irritability of the nerves excited. Blood is sent to the parts in greater quantities, for greater demands are being made by these great changes in the tissues; as a consequence of this, animal heat is evolved, and we have the phenomenon of the hot stage or what we commonly call *fever*. This is but the common law of all animal heat wherever and however exhibited? If a local irritation be set up in any part of the body, the result is a flow of blood to that part, and elevation of temperature.

This period of reaction, too, like the one of depression, is a limited one. Whether we take a well marked case of intermittent fever, giving us the striking changes in succession of *cold* and *heat*, and equilibrium, or whether we note those faintly blended lights and shades which characterize the course of continued fever, in each we must observe more or less the swelling and ebbing of the tide of the vital forces. In keeping with a universal law, the tissues having their waste, must have their period of repair; and hence, following the period of reaction, is a period of rest. If we suppose that, from many modifying circumstances, the stimulating cause does not act with equal force at all times; or that tissue repair is not as active at one time as at another; or again, that both stimulus and repair act with increased or decreased energy, we should explain the difference both of the periodic occurrence, and the character of that occurrence. But conceive of a disease where the invading cause remains the same, the susceptibility and repair of tissues the same, and the malady would be characterized by a well marked periodicity. It will readily be admitted that this view of things may be applied to all exhibitions of *muscular* action, and all *admitted* instances of reflex action involve *only* this idea of muscular action. It is plain that any abnormal action of the assimilating and dis-assimilating processes, such as we observe in the great majority of diseases, is so much labor at the expense of the nervous power at least; and if it stop in nature's own time and by nature's own process, we witness a periodicity which admits of the same explanation as the periodicity of a labor pain, and many of the spasmodic diseases, which are now so generally referred for solution to Marshall Hall's theory. Undoubtedly there are instances where this periodicity is maintained, after it has been once established, by that mysterious *something* which we call *habit*, even after the cause has been removed, as in neuromatous tumors, the neuralgic pains of which are still experienced long after their removal. In this respect nature seems to be moulded with a sort of plasticity to whatever impression it may be subjected; and since the very essence of the nervous system is impressibility and response, it will subserve the impetus given to it until either a new force rebuts it with a new and different impetus (which we may term an antiperiodic), or until, like a projectile, it has spent its force.

Physiology of Drowning.—M. Beau has laid before the French Academy an account of his experiments on this subject, made upon dogs. He gives as the result his belief that the death of the drowned has the greatest resemblance to that which happens in consequence of tetanic affection of the nerves of respiration.—*Comptes Rendus.*

Reports of Hospitals.

HOWARD HOSPITAL OF PHILADELPHIA.

Eye and Ear Department.

[Aural Surgeon, Laurence Turnbull, M.D.]

Inflammation of the Dermis.—Erysipelas.—Oct. 24th. Mrs. S., aged seventy, suffering from deafness and pain in the ear. An abscess was found on the navicular fossa. She has not been in good health for some time; is feverish, and has a similar abscess on her forehead. Besides this there is erysipelas of the auricle, extending into the meatus, which is red, cracked, and covered with bran-like epithelial scales. Directed ℞. Pulv. carbo. ligni, magnes. calcin. *a a* ʒj. as a laxative; locally, an application of ext. plumbi and ext. opii aq., slightly warmed, and the parts to be covered with oiled silk.

26th. Abscess opened; parts moist, and free from pain. Ordered pil. calomel. comp. gr. v. three times a day, and ℞. ext. sarsap. c. fluid., liq. calcis *a a* fʒ iv., tablespoonful three times a day in sweetened water.

27th. Much improved; redness and itching continue; hearing imperfect from the tinnitus aurium made by the passage of the air over the dry scales in the meatus. Apply glycerin. and ung. hydrarg. nitrat. equal parts to the canal, with a camel's hair brush.

30th. Opened a second abscess, and again applied the lead and opium solution.

31st. Directed the application of a solution of gutta percha in chloroform to the meatus. The alterative treatment to be continued.

Nov. 4th. The eruption has entirely disappeared, and the ear has assumed its natural color. The treatment should be continued several weeks, with care in diet, and avoid covering the parts too warmly.

Glandular Form.—This variety usually occurs in young persons of a scrofulous, rheumatic, or gouty diathesis. The most frequent cause is the sudden application of cold air or water to the ear, when the system is in a state of excitement from any cause.

Symptoms.—It commences with itching of the ear, gradually passing into pain, increased by any motion of the jaws. The auditory canal is slightly swollen, and of a pale red color. When closely examined, this swelling is observed to consist of vascular eminences closely set together, or in some instances of pustules containing a lymphatic or purulent fluid. On the second or third day there is a discharge of muco-purulent fluid of an ammoniacal odor. The duration of the disease is from fourteen to twenty-four days. Kramer, Rust, and Krukenberg argue that this affection tends to the production of polypi in the meatus. The following case will illustrate this variety:—

Sept. 15th. Lewis L.——, aged ten years, has suffered for several days with an acute inflammation in his ear. He has been dull of hearing for eight months, the result of a cold. In the meatus of the left ear there were abscesses with glandular enlargements, and an accumulation of cerumen in the right ear. He was anæmic; bowels regular, appetite good. These abscesses were freely opened, and a warm lead solution applied. Iron was given internally.

18th. All traces of the abscesses gone, with desquamation of the epithelium. Hearing much improved. Directed to keep the ear moistened with a small quantity of sweet oil.

Oct. 3d. Been exposed to cold, and the disease has returned; the same treatment was renewed, with the addition of hydrarg. chlorid. mit. in alterative doses. After three weeks he presented himself cured.

Inflammation of the Cellular Tissue of the Meatus.—Cases of this variety have been very numerous during the winter of 1859 and 1860; having, we suppose, some relation to the epidemic of diphtheria prevailing at the same time.

An infant, aged two months, has fever, restlessness, and tossing about of the head. Upon pressure with the fingers at the root of the left ear, the child screamed loudly. This was soon followed by a free discharge of muco-purulent matter, accompanied with fibrous shreds and cheesy flakes. The ear was leeched, and carefully washed out with equal parts of lime water and milk, and the bowels were kept free by the use of rhubarb and chalk. A small blister was applied for several hours in front of the ear, and followed by a poultice. This was renewed six times, and the wash changed for a watery solution of powdered cubebs, which was continued until the discharge ceased. As this ear improved, the right one became affected, and was similarly treated. By the end of four weeks the child had entirely recovered, without any imperfection of hearing. This case is a type of some twelve or fifteen similarly occurring in young children, most of which terminated without an extension of the inflammation to the membrana tympani. But when from neglect or mismanagement this occurs, and the disease goes on, deafness to a greater or less extent ensues from the destruction of the membrane. Much injury has been repeatedly done by the use of strong solutions of nitrate of silver, etc.

Mrs. G., aged forty-seven, of feeble constitution, was attacked in February with pains in both ears, accompanied by tinnitus aurium, and swelling, so that the meatus was completely closed. On the third day there was a discharge of a thin bloody matter, without any relief to the patient. The pain increased, so that no sleep could be obtained, even by the use of anodynes. The auricle was extremely sensitive to the touch. On the seventh day, after free leeching and the use of doses of one-tenth of a grain of morphia, and the application of a solution of morphia and extract of belladonna, the swelling and pain moderated. The discharge now was a thick cheesy pus, flowing out on the slightest pressure, in front of the ear. An infusion of rose-leaves was now directed to clean out the parts, and a small blister was placed in front of the ear, and remained five hours, after which a poultice was applied. The blister was twice renewed; in the meanwhile nothing being used to block up the meatus. On the tenth day abscesses were found within the meatus, which were opened. The patient was placed on a tonic treatment. For some two weeks she was deaf, but this gradually disappeared, as the thickening of the parts was reduced.

Mary M., aged twenty-three years, attacked in a similar manner, causing great hardness and deposit of lymph. An abscess formed at the bottom of the lobe, which was opened, giving vent to a large amount of pus. Warm applications were made to the parts, and then a solution of the acetate of lead gr. i. to the ounce was directed, with a blister in front of the ear. Citrate of magnesia was given in aperient doses, and fearing erysipelas, she was put on the tr. ferri chlorid. gtt. x. three times a day. She speedily recovered, without permanent deafness.

Loss of Membrana Tympani.—Andrew H., aged 16 years, had scarlatina, in 1855, and has been almost totally deaf since. By an examination of both ears, the membrana tympani was ascertained to be gone, along with the small bones of the ear. He could not hear a watch tick, though placed in contact with the ear, and understands his mother by watching her lips. By using the Eustachian catheter, both tubes were found to be pervious, although much narrowed. The tonsils were destroyed, and the soft palate and arches covered with diseased mucous membrane. The most important point in the treatment would be to increase, if possible, the power of the auditory nerve, but as there is scarcely anything left in the ear, but perhaps the slopes, an attempt might be made to close the cavity, and thus form a shut sac, by the method of Mr. Toynbee. A drum will be made for this case, with a metallic tube, and at the outer extremity of which will be a sort of flange to prevent it from slipping into the ear.

For the affection of the throat he was ordered, ℞. Pulv. alum. ʒss. pulv. zinci sulph. ʒi., to be applied to the parts.

Dr. T. remarked, that his faith in Mr. Toynbee's invention had been considerably shaken, as in four out of five cases after it was applied, he was compelled to remove it.

Inflammation of the Mastoid Cells.—Mrs. D., aged 35, has suffered for three weeks with pain in the ear and head, the effect of a cold. There is deafness, with great redness, heat, pain, and swelling at the back of the ear; the external auricle looking forward, being pushed out from the bone. There was no perforation of the membrane. She had fever; pulse 102, and the pain intense, in spite of hot fomentations. Dr. T. remarked upon the rarity of this disease, he having seen but two cases in hospital, and one in private practice, among hundreds of cases of ear affections. In the early stages, active and free depletion should be employed, both by the arm and leeches to the back of the ear. At the present stage she will be freely purged with calomel, followed by alterative doses of the same; she must have foot-baths frequently repeated, and pulv. ipecac. et opii in full doses, to relieve pain and act on the skin. Three days later she was much improved; the leeching had caused a feeling of faintness, and relieved the brain, but there is evidently pus under the pericranium. A free incision was made down to the bone, causing a discharge of bloody serum, after which poultices were applied. Three days subsequently, pus was flowing freely; all the redness and pain was gone. She felt quite relieved, and was able to be about her usual occupation. She was directed to take bichlor. hydrarg. gr. one-thirtieth part, in tr. cinchon. comp., with good diet. Her hearing is very imperfect.

LONG ISLAND COLLEGE HOSPITAL.

Complete Occlusion of the Alæ Nasi as a Sequela of Confluent Smallpox.—Curious Congenital Malformation of the Hand.

[Service of Dr. John G. Johnson.]

Complete Occlusion of Alæ Nasi, a Sequela of Confluent Small-Pox.—Operation.

Bridget Mc—, æt. 5 years, was brought to the clinic with complete occlusion of the anterior nares, the result of an attack of confluent small-pox, from which she suffered six months before on board an emigrant ship. She had never been vaccinated. When brought to the hospital, the mouth was kept wide open, no air entering by the nostrils. The mother stated that the patient had great difficulty in eating and drinking; that she would sometimes nearly suffocate. The voice was nasal in character. Dr. J. attempted to introduce a small silver probe into the nares, but without success; the cicatrices were so large and firm that it was impossible to say where the alæ terminated, and where the septum commenced. A No. 1 steel bougie was then tried, and dilatation attempted by pushing firmly against the cicatrix. Finding it impossible to dilate the parts in this way, a slit was made on either side, and a No. 4 bougie introduced. Dilatation was continued till a No. 7 could be easily introduced. The child made so much opposition to these measures that the mother discontinued attendance, and the case was lost sight of for the next two months, when she again returned with the nares so much contracted that a No. 1 bougie could hardly be introduced. She was then put under the influence of chloroform; slight incisions were again made; sponge tents were introduced, kept in their place by collodion, and the whole so completely covered with straps that the child could not remove them. These were from time to time removed, and replaced by larger ones, and now the nostrils are of very fair size, although the dilatation has been discontinued for several months.

Curious Congenital Malformation of the Hand.

Henry Cadoza, residing at 133 Smith street, of Jewish parentage, was brought to the clinic with a lacerated wound of his right hand. The most interesting feature of this case was the congenital malformation of the left hand. All the other children of the family are well formed. His mother assigns as a reason for the malformation, that one day when about two months pregnant, she was dressing a cabbage for dinner, and put her hand on a snail. She immediately withdrew the hand, but her fright was so great that she did not recover from it for some days. There is no hereditary tendency to malformation, and the child is well formed in other respects. The left hand is much smaller than the right. The thumb, though small, is perfectly developed, having both phalanges, nail, etc. The forefinger has a single small phalanx, beyond the extremity of which a small fleshy growth without nail continues for about half an inch. The middle finger is similar in formation to the forefinger, having a small imperfect phalanx, and fleshy growth beyond it. The third or ring finger is entirely deficient, having neither phalanx; a fleshy pedicle shows where the finger should be. The fourth finger is similar to the first and second, having a small phalanx, and a pedicle attached.

BELLEVUE HOSPITAL.

Operations for Radical Cure of Hernia.

[Reported by Eugene Peugnet, M.D., House Surgeon.]

Case 1.—Morris Vail, æt. 57 years, native of Ireland, laborer, was admitted August 24, 1859, with an oblique inguinal hernia. Sept. 1, Dr. Gouley performed the operation for its radical cure with Nott's instrument, invaginating the scrotum, and retaining it in that position by means of silver sutures and pledgets of lint; a compress was then placed over the canal and secured by means of a spica bandage. Sept. 8.—Wire removed; invagination reduced; canal occluded. He continued in this condition until October 7, when he was discharged cured.

Case 2.—Joseph Lang, æt. 52, single, Germany, hatter, admitted Nov. 14, 1859, with a large oblique scrotal hernia of the right side, of four years' standing, but reducible; sac very much thickened, has a severe cough, which may interfere with radical cure. Dec. 3.—Dr. Jas. R. Wood performed Nott's operation. Dec. 7.—Extensive erysipelatous inflammation in lower part of the abdomen. Suture removed, truss applied in lieu of spica bandage; scrotum supported by suspensory bandage. Dec. 10.—Hernia descended into scrotum, reduced without any difficulty, patient tied in bed to keep him quiet. Jan. 4, 1860.—Patient allowed to rise, the canal being filled with lymph, and hernia remaining reduced. Jan. 12.—Patient discharged cured, there being no return of the hernial protrusion.

Case 3.—Henry Geissler, æt. 33, single, Germany, clerk, good constitution, temperate, admitted Nov. 5, 1859, with an oblique reducible inguinal hernia of left side, which had existed for an indefinite period. Dec. 3.—Dr. Jas. R. Wood passed a seton of silk suture through the canal with Armsby's instrument, but owing to the assistant having allowed the instrument to slip, the needle was only passed through the external ring. A compress was then placed over the canal, and secured by means of a spica bandage. Dec. 7.—Seton removed, and truss substituted for single spica bandage. Dec. 15.—Inflammation has entirely subsided; hernia remains reduced; patient allowed to get up, wearing a truss; impulse over abdominal ring slightly felt on patient's coughing. Dec. 28.—Hernia came down whilst at stool. Jan. 10th.—The House Surgeon operated by introducing a seton, passing it completely through the canal; a single spica bandage and compress was placed over the part; patient was kept in bed for a month. Feb. 15.—Discharged with truss, no impulse being felt.

Case 4.—Peter Kelly, æt. 33, Irish laborer, good constitution, was admitted Dec. 20, 1859, with an oblique inguinal hernia of right side, caused by a fall into the hold of a ship a few days before Jan. 8, 1860.—Dr. Jas. R. Wood operated for its radical cure in the same manner as in

Case No. 3, using Riggs' needle. Feb. 1.—Spica bandage removed and truss substituted. Feb. 28.—Discharged with truss.

Case 5.—John Martin, æt. 41, Germany, laborer, admitted Feb. 6, 1860, with an oblique inguinal hernia of right side, as large as the closed fist, of twelve years' standing; has worn a truss, but retains it in position with difficulty. He has also a small hernia on left side. April 14.—Dr. Parker operated for the radical cure of the hernia, by invaginating with his finger a portion of the integument of the scrotum, and passing a long curved needle armed with a seton of lamp wick through the canal, bringing it out upon the abdomen about one inch above the internal ring; a cork on one end of the seton was used as a plug to keep up the invaginated scrotum, and the other end on the surface of the abdomen was tied tightly over a roll of adhesive plaster. April 20th.—Patient has been comfortable all the week, and to-day the seton was removed; the hernia does not descend. There is considerable inflammation about the part, and free suppuration along the track of the seton. A truss was applied and patient directed to remain on his back. May 16.—A radical cure has apparently been effected, and the patient was discharged to-day.

Nott's operation was performed by Dr. Sayre in one case, but failed; Riggs's operation in another, by Dr. Church, with a similar want of success; the hernia returning in both cases before the patients were discharged. In the first five cases the patients were directed to wear a truss for one year; none of these have as yet returned to the hospital.

NEW YORK HOSPITAL.

Amputation of the Thigh—Secondary Hæmorrhage—Dislocation forwards of the First Phalanx of the Thumb—Reduction—Dislocation of Thigh—Reduction without Anæsthesia.

[Reported by Thomas B. Ward, M.D., Assistant Surgeon.]

Amputation of Thigh—Secondary Hæmorrhage.

F. W——, seaman, æt. 37, a native of Prussia, was admitted into the Hospital on the night of Aug. 11, during the service of Dr. Watson. Half an hour before admission, while engaged in firing a salute, the cannon which he was ramming exploded prematurely, the ramrod striking against his left thigh. His injuries consisted of a compound comminuted fracture of the femur four inches above the knee joint, and slight powder burns about the face. The fracture was oblique from above downwards and inwards, so much so that the finger passed in for its full length failed to reach the lower end of the upper fragment. The adjacent tissues were much contused, but the artery, although exposed for an inch of its length, was apparently uninjured. Hæmorrhage had not been profuse, and patient was suffering but slightly from shock. The spiculæ of bone were removed, gtt. xv. of Magendie's solution administered, and in an hour he had fairly reacted. At this time he was seen by the Attending Surgeon, who, despairing of saving the limb, proceeded at once to amputate by the circular method, just above the seat of injury. Very little blood was lost during the operation. The stump was then dressed in the following manner: a bandage was first slightly applied from above, forcing the integument downwards, and when the roller had reached within two inches of the stump, the flaps were accurately adjusted, and so held by wide strips of emp. adhesiv.; no sutures being employed. The roller was then continued down to the edge of the stump. This, with a cold water application over the straps, completed the dressing. For the two days following the operation patient showed slight febrile reaction, but on the third day the pulse settled down to 80, and continued at that figure until the tenth day after the operation. At this period the dressings were for the first time removed, the ligatures coming away with them. The stump was found to have united by first intention, from the edges nearly to the middle, not more than half an inch in extent of suppurating surface remaining on either flap. The discharge now amounted to about ℥iv. of blood per diem. The same dressings were again applied, and patient continued to do as well until the next afternoon, when his bed unfortunately received a heavy jar. He states that at the time he felt something in the stump give way, and leisurely examining the part, found the dressings already stained with blood. The House Surgeon was immediately summoned. He at once applied a tourniquet, but not before ℥x. or ℥xij. of blood had been effused. The dressings were removed immediately, and when the tourniquet was loosened, a stream of blood issued per saltum from a point deep in the stump and near the bone. This left no resource but to open the stump, which was immediately done: the vessel was then readily seized with a tenaculum, and a ligature applied, but the tissues around were too soft to allow it to hold, and after its application had been twice repeated, with the same result, a curved needle armed with a double thread was carried higher up in the more solid tissue, and with good success. The hæmorrhage now in fact was completely arrested; the compress which was applied over the straps not even being soiled when it was removed the following day. For two days following the operation of opening the stump, a free discharge of grumous matter occurred, but this on the third day gave place to an equally free discharge of laudable pus. No constitutional symptoms followed beyond a slight acceleration of the pulse for a few days, and at the end of a week the patient was again favorably progressing.

Dislocation of First Phalanx of Thumb forwards.

Mary B——, æt. 35, a native of Ireland, and by occupation a housemaid, was sent to the Hospital on the night of August —, by one of the Attending Surgeons, with the request that the above dislocation should be reduced. The luxation occurred about four hours before her admission by a fall from a chair, her whole weight catching on her thumb. The patient was a stout muscular woman, and as every effort had previously been made to reduce it without ether, she was at once anæsthetized. As soon as the muscles had become fully relaxed, strong dorsal flexion was tried in the manner usually recommended; but as this, after long continued effort, gave no hope of obviating the trouble, Malgaigne's finger forceps were brought into requisition. This instrument, although carefully adjusted, and held with a powerful grip, was not of the slightest use, invariably slipping when firm extension was attempted. Nothing now remained but the clove-hitch, and this, the oldest and plainest, but still, as I believe, the best mode of making extension in these cases, was resorted to. The hitch was made from a No. j. bandage, the thumb having previously been enveloped in white leather. This method was almost immediately successful, the operator having the satisfaction of finding, after the *first* attempt at extension, the phalanx lodged on the inner edge of the metacarpal bone, whence, with slight manipulation, it returned with a snap to its place. No violence was done to the integument of the thumb by this method; the only abrasion upon it (a very slight one), having occurred by the slipping of the forceps. A palmar splint was applied to the thumb, and cold water dressings ordered. The next morning patient was able to leave the Hospital, there being present but slight swelling, and the motions of the joint unimpaired.

Dislocation of Hip—Reduction without Ether.

In contradistinction to the difficulty experienced in reducing the above dislocation, the following case may be cited: M. P——, a boy aged 14, entered the hospital in the afternoon of Aug. 23, having an hour before sustained a dislocation of the femur (on the dorsum) by a fall from a height. The deformity was characteristic, and the trouble at once recognised. He was put to bed, and the luxation reduced by Reid's method, on the first attempt, and without ether.

American Medical Times.

SATURDAY, SEPTEMBER 8, 1860.

PHYSICIAN AND APOTHECARY.

The memory of many now living can recall the time when the New York physician was his own apothecary, his person all redolent of the composite aroma exhaling from the health-giving preparations which distended his ample portmanteau, and the daily entry in his ledger gave as prominent a place to pill and potion as to professional advice. In the good old times when cinchona bark, in spoonful doses, was the standard febrifuge, and calomel and jalap the officinal stimulant of torpid livers and sluggish bowels, the first lessons of the youthful candidate for Esculapian honors were in the use of the mortar and pestle, and much of his subsequent tuition consisted in acquiring the art of expertly moulding the pill at his fingers' ends. There was then little need of laws against the importation of impure drugs, for the physician selected each individual article, as he selected his lancet, according to its potency. There was then no more doubtful interpretation of the action of the pill than the lancet; if the latter refused to cut, the fault was charged to the temper of the steel, and not to a change in the type of the disease, or a constitutional peculiarity of the patient; and so of the pill, if it did not produce its desired effect, it was esteemed inert, and cast aside as refuse. Purity in the drug market was then a necessity, for the purchaser applied it directly to its proper service, and personally tested its efficacy, equally as does the husbandman the quality of the seed which his own hand casts into the soil carefully prepared for it.

But among the many divisions of labor which the progress of civilization induces, is that of physician and apothecary, in dispensing remedies to the sick. The increase of our cities especially, in wealth, and in the refinements of a higher social state, has called into existence a class of shopkeepers who have monopolized the business of compounding and dispensing medicines. It will at once occur to every reflecting reader, that this division of labor is of great importance, not only to the progress of pharmacy, but equally to that of practical medicine. While these two departments remain united in a single profession, little improvement can be expected in either. The former will almost universally be regarded as wholly subordinate to the latter, and receive no other attention than is deemed necessary to success in the general practice of medicine. And yet that attention which the practitioner is required to give to the selection and preparation of drugs, withdraws him from the close and accurate study of those more recondite subjects on which the progress of medicine depends. If we contrast the progress and present position of these departments in countries where they have been separated, with others where they are still more or less united, these statements are readily proved. In France and Germany the pharmaciens, or dispensing chemists, have long been a distinct class; they are compelled to qualify themselves by a thorough academic and pharmaceutical education, and then follow their chosen business exclusively. The result is seen in the elevation of this class as a scientific body, for as its representatives we may mention the names of Liebig, Robiquet, Pelletier, Persoz, Dumas, Trommsdorf, Varentrapp, Fresenius, etc. Their innumerable and invaluable contributions, not only to pharmacy but to all departments of chemical science, will occur to every reader. The part which these eminent pharmaciens take in the routine of the druggists' business, and the social and political rank to which they have attained, are well given in the following anecdote by Mr. Mackay, of Edinburgh:

"Professor Christison repaired to Paris about thirty-four years ago, to study practically the higher branches of chemistry. His adviser there, the late eminent physiologist, Dr. Edwards, recommended, to his surprise and amazement, that he should place himself under the tuition of a Chemist and Druggist. The Professor's surprise, however, ceased, when he found he was to have for his teacher, under the designation above given, the late amiable, inventive, scientific Robiquet. M. R.'s dwelling communicated with his boutique or shop, where he superintended an extensive dispensing establishment, and with his laboratoire, or Chemist's laboratory, he, in immediate contact with the ordinary routine of trade, carried on with unwearied enthusiasm those scientific researches by which the name of Robiquet will ever be distinguished amongst the most successful cultivators of chemical science. As if to make the nothingness of Pharmaceutists in this country at that time complete, the Professor further states it required little acquaintance with French chemistry to perceive that this distinguished Chemist was the type of a class in France numerously representing the higher walks of the profession of Pharmacy, men to whom the world has since assigned the most elevated rank as chemical discoverers in a field equally rich in scientific and practical results. Some of these Pharmaciens or dispensing Chemists of Paris attained to the rank of Members of the French Institute, the rarest and highest of all purely scientific honors in Europe."

The reciprocal advantages which practical medicine derives from this entire monopoly of the Pharmaceutical art by a distinct class of eminently scientific men, may be seen in the activity of the investigations in every branch of medicine in these countries. In Great Britain, the apothecary is still the medical practitioner to the masses, and as a consequence the status of pharmacy is very low, and affords the most striking contrast to that of the continent. The position and character of the pharmaceutists of our own country are in a transition state. Such is the state of the medical profession, so low the standard of education required of practitioners, and so large the number who annually enter its ranks, that the general practice of our large towns is entirely monopolized by regularly graduated physicians, and the apothecary is necessarily almost entirely excluded from the practice of medicine, and compelled to confine himself to the business of his shop. But a new evil springs from this limitation of his occupation; finding, in the immense competition to which an unrestricted license to practice as an apothecary gives rise, that the dispensing of medicines on prescriptions pays but poorly, he becomes the retailer of nostrums, and at length extends his business to the sale of any article which the public taste may require. Accordingly he converts his store into a dazzling bazaar, whose gaily decked windows excel, by day, in variety and novelty of article those of the neighboring toy shops, and whose brilliant and variegated lights vie, at night, with those of the oyster saloons. Here everything of a fancy nature finds a place. In no establishment, save a pawnbroker's

shop, can be found such a collection of heterogeneous articles as in one of our attractive retail drug stores. But the American Apothecary, intent upon gratifying every taste of his customers, does not always stop with the fancy trade, but extends his business to the gratification of the pleasures of the palate, and over his counter retails liquors of the same impure quality as his drugs. In this connexion we cannot forbear quoting the description of a prominent house in Boston, a "Gem of a Drug Store," as it is entitled by a correspondent of the London Chemist and Druggist, but which is a fair description of such stores generally, so far as the proprietors are able to furnish them.

"This shop, which has been recently opened, is located on the spot dear to all doctors, druggists, and tavern keepers—the corner lot; and its beautifully variegated marble-paved entrance cannot fail to strike the most unobservant. On entering you find the same paving continued right through; counters also of marble, handsomely carved and panelled with mirrors, and interspersed at top with deep show cases, with silvered mountings. The counter scales are also sunk in the marble, the only portions visible being the pans and parts of the arms; the weights fit into vulcanite cups sunk in the counter, and, like the entire metal work, are electroplated. Of course the never-failing soda fountain appears; it is made of cased ruby glass, handsomely cut, and electroplated inside. The shelves are fitted at back with mirrors, and supported by Scagliola columns; the bottles are of varied colors, and labelled in gold in a very elegant style. Pots are supplanted by shouldered glass jars labelled to match the bottles, grooved in the lids, and lined with India-rubber; the jars are rendered perfectly air-tight by having their necks fitted into the grooves. I was shown some glass show jars about twelve inches high, the cutting of each of which took about seven days. The stock being quite fresh and tastefully arranged, produced, in conjunction with the fittings which I have attempted to describe, a beautiful appearance. Lubin's Extract, Child's Hair Brushes, Prout's Tooth Brushes, Ede's Crimson Ink and Diamond Cement, and the various novel niceties of Morgan Brothers (all of which seem to have obtained a great reputation out here) caught my eye. The shop, though by no means large, occupied the proprietors nine months in preparing, and cost them over 3000*l.*; and they now have the satisfaction of transacting a thriving business in the most original and handsome store in America."

The above sketch affords a melancholy proof of the low state of pharmacy in this country. Such a display is surely not intended to facilitate the dispensing of medicines, but is simply and solely designed to attract customers to the purchase of fancy articles. It may be inferred that an American apothecary is not a very brilliant ornament of the profession represented by a Liebig and a Robiquet. He is in fact but an ordinary shopkeeper, retailing drugs in addition to the other and more extensive branches of his business. Too often he has neither an academic nor pharmaceutical education, but enters upon his business, after an apprenticeship more brief and less thorough than that of the ordinary merchant's clerk. It is not surprising that, with such a class of apothecaries, adulteration of drugs, by every possible means, is as much a matter of business as the watering of milk by the dairy-men? Nor need we anticipate any diminution of the homicides and suicides by poisons, whatever may be our laws, while our druggists, as destitute of moral and professional obligations as the common shopkeeper, regard strychnine as vendible an article as a tooth pick.

But the druggist is not alone in this abuse of his profession. Too often the physician, also, is a party to the "tricks of trade," and prostitutes his own high calling to the low arts of gain, by conniving with the apothecary. It is not altogether a novel occurrence for physicians, of self-constituted respectability, regularly to emerge from an inferior drug store in the vicinity of their residences and commence their daily round of visits from this low stand-point. It very frequently happens that patients are sent long distances to *my* druggist under the foolish pretence of the *cheapness* and *purity* of his articles, when, in truth, the physician and druggist have laid their heads together to cheat the patient, and share the proceeds of their crime. Indeed the utterly disreputable and knavish practice of having a profit or per centage on their prescriptions, is still followed by physicians who would fly into a passion on being accused of stealing—a crime not more revolting to a truly conscientious mind.

But low as is the grade of pharmacy with us, we have the most cheering evidences of reform. There is a band of earnest, enlightened men in that profession, who, scorning the low mediocrity towards which the mass gravitate, are nobly striving to elevate the standard of pharmaceutical education. In our larger towns, as Boston, New York, Philadelphia, Baltimore, St. Louis, Cincinnati, and Chicago, schools of pharmacy have been established, and regular courses of instruction are given by competent teachers. In addition to these schools, the basis of true reform, they have established a national Pharmaceutical Association, which comprises upwards of three hundred members, who are animated with that spirit of progress in the science and art of pharmacy, which must result in its renovation. Their annual gatherings are well attended, and the published proceedings of their meetings make a volume respectable in size, and replete with scientific information. We hail these cheering tokens of a better time coming for the profession of pharmacy.

But medical practitioners are deeply interested in the educational qualifications of apothecaries, and cannot remain idle spectators of the efforts of those who are struggling to elevate the character of their profession, and purify it from the gross abuses to which it is subjected by unworthy members. No respectable physician will withhold his assent to the following proposition:—It is necessary to the successful practice of medicine to have educated and scientific apothecaries to prepare and dispense medicines. It follows then that physicians should patronize only that class of druggists who are educated. They should shun the herd of so-called apothecaries, whose brilliant show-shops adorn nearly every corner of our thoroughfares, and direct their patients *exclusively* to regularly educated or properly qualified pharmaceutists—in a word, to *graduates of the colleges of pharmacy.* These institutions, wherever located, deserve the cordial support of the medical profession. In our city that obligation derives tenfold force from the legal restrictions which protect the pharmaceutical art from being exercised by incompetent men. The following just and wholesome law has stood on the Statute Book of the State of New York for the last twenty years—a law that should never have been allowed, for a moment, to remain inoperative.

§ 42. No person shall be hereafter allowed to commence or practise in the city of New York the business of an apothecary, or that of preparing and dispensing medicine, or of preparing or putting up physicians' prescriptions,

without having previously obtained the diploma of the College of Pharmacy of the City of New York, or unless furnished with a diploma from some other regularly constituted College of Pharmacy or Medicine, or shall have passed an examination of the censors of the Medical Society of one of the counties of this State, and have been furnished by such censors with a certificate of his qualifications for the business of an apothecary, which diploma or certificate he shall produce to the secretary of the said College of Pharmacy, to be by him registered without charge.

§ 43. Any person offending against the provisions of this law shall be subjected to a penalty of fifty-one dollars for each and every offence, which may be recovered, with costs, in the name of the people of the State of New York, in any civil court of record; and the said fines, when collected, after deducting such reasonable counsel fees as the court shall allow, shall be paid by the district attorney to the treasurer of the New York City Dispensary for the use of said Dispensary.

THE WEEK.

During the ensuing week (on Tuesday), the American Pharmaceutical Association will hold its ninth annual meeting in this city, agreeably to the following announcement:—

"The next meeting of the Association will be held on the second Tuesday of September (11th), 1860, at three o'clock P.M., at the Hall of the University Building, on Washington Square, New York City. The Lafarge House, 673 Broadway, convenient to the Hall, has been selected as the rendezvous of the Association when not in session, and the home of those not residents of New York, ample accommodations for the purpose having been secured by our New York friends, at a reduction from usual rates. All members, and persons who wish to become members, are requested to report themselves at the Hall of the University Buildings, Washington Square, or at the Hotel. Members are requested to forward the names of their friends whom they wish to propose for membership, so that they may be elected at the first session of the next meeting. Members will confer a favor by notifying the Treasurer of the decease of any member during the last year. Suitable arrangements will be made for the exhibition of specimens at the meeting. From the manifestly increasing interest in the Association, a large attendance is expected, and it would be very gratifying to meet every member, and all Pharmaceutists who are interested in our objects."

The labors of this body of co-workers in that department of practical medicine especially devoted to the preparation of medicines, are by no means sufficiently appreciated by practitioners. In its sphere it is striving to elevate the character and extend the qualifications of apothecaries, and advance Pharmacy as a science in the same manner (but against greater obstacles) as the American Medical Association is aiming to advance the best interests of the medical profession. The daily proceedings of this convention will prove interesting to medical men, and we trust that it will not be allowed to close its session without some token or expression of interest in its objects and success, on the part of the medical profession of the city.

At the last meeting of the American Medical Association it will be remembered that the following resolution was passed:—

"*Resolved*, That it be recommended to the different States to collect subscriptions of not more than *one dollar* each from every regularly educated physician, to aid in the erection of a monument about to be placed in Westminster Abbey to the memory of John Hunter—all moneys collected to be forwarded to the Chairman of the Committee hereby appointed."

The committee, of which Dr. Henry I. Bowditch, of Boston, is chairman, has issued a circular to the profession, from which we make the following extract, explaining the object of the vote, and the plan of operation:—

"It appears that the remains of John Hunter have long slept in obscurity in the vaults of a comparatively unknown church in London. In February, 1859, the English government determined, as a sanitary measure, to close the vaults for ever. An ardent admirer of Hunter's genius and labors, knowing this intention, brought the subject to the notice of the medical profession of England. Great interest was aroused, and with the hearty coöperation of the Dean and Chapter of Westminster, the remains were re-interred March 28, 1859, with fit ceremonials, under the pavement of that old Abbey, where are gathered so many of the great of the Anglo-Saxon race. A subscription was likewise opened to defray the expense of a fitting and permanent memorial to the memory of our illustrious associate. As the medical profession of America claims to honor John Hunter, and to regard him as one of its greatest men, it is proposed to obtain one dollar from every regularly educated physician in the United States, who cordially agrees to the above estimate of Mr. Hunter, and who likewise believes that it is well to cultivate friendly relations with our medical brethren in Great Britain. The autograph names of all subscribers will be arranged in a volume, to be deposited in the Library of the Hunterian Museum in London. It is impossible for the Committee to decide upon any uniform method of obtaining subscriptions. That decision will be left to the judgment of the individual members of the Committee in their respective States. Massachusetts, through its State and District Societies, has already subscribed, and the names of the subscribers have been enrolled in books similar to that now sent to you. This would seem to be a good method where such societies exist. Where none do exist, and also in large cities, it would perhaps be well to employ a collector to present the subject to the profession, the expense to be deducted from the amount subscribed—unless, as has happened in Massachusetts, a few individuals choose to meet that extra expense. It is hoped that on or before the next meeting of the American Medical Association at Chicago, a report may be made. The individual members of the Committee will please remember this date, and also that, according to the terms of the vote by the Association, all money must be sent to the Chairman of the National Committee."

Physical Education is just now all the rage. The brilliant exploits of the American Champion in the prize ring have inaugurated a new era in the muscular development of the Yankee race. Prize fights are now of almost daily occurrence, and so popular are they becoming, that we shall soon have Justices of the Peace attending the exhibition to hold the stakes, and Sheriffs to preserve order. The enthusiasm of the lower classes in the cultivation of muscle has gradually permeated the upper strata of society, and we find that the training of our young men in the science and art of physical development, is hereafter to form a part of the curriculum of their college studies. Amherst, long noted for its staid orthodoxy, fired with the spirit of young America, has instituted a Professorship of Hygiene and Physical Education. Dr. John W. Hooker, of New Haven, is the favored recipient of the honors which cluster thickly around the first American professorship of Hygiene and Physical Education. We do not know what will be the course of instruction adopted in this novel Professorship, but we believe its teachings can be made productive of much good to the coming generations of Collegians.

Reviews.

PREVENTIVE MEDICINE. STATISTICS OF SMALL-POX AND VACCINATION IN THE UNITED KINGDOM, and the necessity for a better system of Vaccination in Ireland. By WILLIAM MOORE, A.B., M.B., Physician to the Hospital for Diseases of Children. Dublin: 1859, pp. 14.

PREVENTIVE medicine, the only rational study of the physician, has always been the allegation of pseudo-medical reformers. With variations, this note has been piped in our ears until we have become deaf to its significance. The medical profession has always been alive to the importance of preventive medicine, and has undertaken and accomplished all that has yet been done in this ample and fertile field. The discovery of every method of protecting communities or individuals from prevailing diseases, and its practical application, is to be credited to medical science and medical heroism. If society, or even the advocates of rational and preventive medicine, would appreciate and apply the measures devised by medical science for the preservation of the public health, there would be little opportunity left to carp and rail at the inefficiency of medical men. The history of vaccination forcibly illustrates our remark. From the first discovery of the protecting power of cow-pox, medical men have had to contend against the prejudices of the learned, the ignorance of the masses, and the indifference of authorities, in their efforts to extend its blessings. If their efforts had been energetically seconded by the community, that most disgusting of all diseases, small-pox, would have been exterminated. On the contrary, we have to witness this scourge of the human race almost daily, and note the score of deaths which it weekly adds to our mortuary reports. The criminal negligence of vaccination is thus shown by the author of this instructive little pamphlet:

"It is considerably more than half a century since that ever-to-be-remembered benefactor of his race, Dr. Jenner, first proved to the world the preventive properties of vaccination; and yet the mode in which this discovery, the value of which it is impossible to estimate, is carried out at the present day in some parts of this enlightened couutry is easily seen, when we find the deaths in England and Wales, from small-pox, in nine years, from 1848 till 1856, killed 41,290 persons, or 4,587 every year. In Eaststonehouse, in 100,000 the deaths were 146; in Plymouth, 134; Penzance, 105. According to Dr. Farr, during the year 1857 nearly 4,000 patients succumbed to the disgusting and clearly preventible pestilence known as variola or small-pox, an alarming increase of 1,659 upon the deaths of the preceding year. The imperfections of the Vaccination Act, and the want of a more compulsory system, are defects to be remedied if this foul disease is not to gain ground. Speaking of the prevalence of epidemics, he says that 'small-pox was extremely prevalent, and fatal in several districts, in South Staffordshire, and in contiguous parts of Worcestershire; it caused 276 deaths in Wolverhampton; 69 in Walsall; 171 in West Bromwich; 251 in Dudley; in Liverpool and West Derby, 188; in Manchester and Salford, 113. In Cardiff, where there is efficient drainage, and the mortality from other epidemic diseases was light, 215 deaths were caused by small-pox.' The Registrar-General's Returns for the three months ending March 31st, 1858, showed that in certain districts in England the deaths from small-pox amounted to a fourth part of the entire district, and from the same returns, for the week ending the 20th of August last, I find 20 persons, including 14 unhappy children under 5 years of age, died, in London, of small-pox; such a fact, occurring in the greatest centre of civilization, require no comment. To continental countries, who borrowed this prophylactic from us, it must seem somewhat unaccountable that we continue to lose hundreds for their units from this pestilence."

"Now, let us put down the deaths in England and Wales from small-pox annually at 4,000—a low estimate—and assuming that these cases had been all carefully vaccinated, and that say even 5 per cent. caught variola, 200 in all, and of these 200 that 5 per cent. died, viz. ten, by this calculation, which is giving a wide latitude for mortality, we could save 3,990 cases out of the 4,000 to this community. And thus we would be attaining the status of immunity from small-pox enjoyed by some of our continental neighbors, instance Denmark, where the disease has not shown itself for fifteen years continuously; and when it did re-appear, its virus was so blunted as to excite comparatively little uneasiness."

Preventive medicine should ever be the theme and study of medical men, and despite the rebuffs of that society which they aim to protect from wasting pestilences, and the more insidious diseases which are generated in the homes of the people, they should still urge the application of the laws of hygiene which they have discovered!

THE NEW SYDENHAM SOCIETY PUBLICATIONS.

WE have too long delayed to acknowledge the receipt of the remaining two volumes of the first year's publication of this Society. The fourth volume consists of two treatises, by Prof. SCHROEDER VAN DER KOLK:—I. *On the Minute Structure and Functions of the Spinal Cord and Medulla Oblongata;* and, II.—*On the Proximate Cause and Rational Treatment of Epilepsy.* Volume Fifth contains the following selected monographs:—*Kussmaul and Tenner on Epileptiform Convulsions from Hæmorrhage; Wagner on the Resections of Bones and Joints; Graefe's Three Memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma.* Of the value of these Essays it is not necessary for us to speak, as the names of the authors, and the subjects, are sufficient guaranty of their importance. We may say, however, of the publications of the Society thus far, that they evince the very best judgment on the part of those who control the selection of monographs for publication, and give evidence that the volumes of this society, after several years, will constitute of themselves a library on practical medicine. We are glad to notice the prosperity of the Society, which now has 2828 members, and has determined to publish the magnificent Atlas of Skin Diseases, by Hebra.

THE HUNTER STATUE.—At the last meeting of the Committee for erecting a statue to the memory of our great physiologist, Mr. South reported that he had received a letter from Dr. Henry Bowditch, of Boston, U. S., from which we extract the following:—"I send by my excellent young friend, Dr. Parks, of this city, what I hope will prove only the first instalment of the American contribution to the Hunter memorial—viz. £45. Perhaps you may be aware that at the late meeting of the American Medical Association, a National Committee was appointed to collect for the Hunter Testimonial. The money I now send by this opportunity (although it will be a part, I trust, of a large fund) was collected in the 'Old Bay State,' without reference to the nation." Mr. Weekes, the eminent sculptor, has already commenced his work, and from what we know of him, there is no doubt the subject in question will be one of his happiest efforts.—*British Med. Jour.*

Progress of Medical Science.

OPHTHALMOLOGY.

By Henry D. Noyes, M.D.

Sudden Blindness caused by Emboli of the Arteria Centralis Retinæ:—Prof. von Graefe records a case of this kind in Archiv. für Ophthalmologie vol. v. part 1, which beautifully illustrates the doctrines Virchow so ably advocates respecting the mischief sometimes caused by coagula or bits of lymph floating in the circulation. The case is entirely novel in the records of ophthalmic pathology. A coachman received a violent blow upon the breast with a carriage pole; for two months he was laid up with pain, dyspnœa, and had two occurrences of hæmoptysis. After he had resumed his duties he discovered that a cloud came over the right eye, which deepened until in a few minutes the eye became sightless. When examined with the ophthalmoscope, the only abnormal feature was found to be extreme diminution of size of the vessels passing through the optic nerve entrance, indicating a cessation of the circulation. The arteries were collapsed in their whole extent, the veins also empty of blood, except when traced towards the ora serrata. The refractive media were transparent, and the structure of the optic nerve unaltered. The choroidal circulation was not disturbed, nor was the external appearance of the eye altered, excepting a little sluggishness in the contractions of the pupil.

This tenuity of the blood-vessels is common in morbid processes of months' or years' duration in various forms of amaurosis—but in such cases the optic nerve becomes atrophied or opaque. But in this case the blindness was sudden and the optic nerve normal. Pressure upon the vessels by a tumor, or an effusion into the optic sheath, would obliterate the calibre of the arteries but distend the veins, and since the choroidal circulation was unaffected the obstruction must be within the orbit, and not in the cavity of the cranium.

Examination of the heart discovered a strong systolic murmur audible in the whole cardiac region, but loudest at the second intercostal space. The diagnosis of endocarditis, with thickening of the aortic valves, was confirmed by Prof. Traub. From this was deduced the more interesting diagnosis of emboli of the arteria centralis retinæ as the cause of patient's blindness—that is, a small particle of lymph which had been exuded upon the internal surface of the left heart, or upon the aortic valves, had been swept away by the circulation, and became lodged in the right arteria centralis retinæ. The patient was kept under observation in Prof. von Graefe's clinique for four weeks. A kind of peristaltic circulation was established after a few days in a few of the veins of the retina, but the current of blood was not re-established. The retina in its central portions became opaque by infiltration into its substance.

The treatment adopted was cupping from the temples (without benefit), paracentesis oculi, and finally iridectomy; the retina recovered its normal transparency, but the vessels continued impervious, and patient only gained perception of light upon the temporal side of the visual field. The systolic murmur persisted, and a diastolic murmur was also heard indicating insufficiency as well as roughness or rigidity of the aortic valves.

Ophthalmoscopic Appearances in Bright's Disease (Ophthalmoskopischer Befund bei Morbus Brightii. By Dr. Liebreich of Berlin. *Archiv für Ophthalmologie,* B. v. Abth. ii. 265, 1859.)

Amaurosis from Fatty Degeneration of the Retina originating in Bright's Disease. By Dr. Mackenzie of Glasgow: Ophthalmic Hospital Reports, No. x. 181.

The Fatty Degeneration of the Retina. Die fettige Degeneration der Netzhaut. By Dr. A. Nagel. *Archiv für Ophthalmologie.* Bd. vi. Abth. i. 191. 1860.

The two first of the above papers describe the grosser appearances of the retina as seen by the ophthalmoscope. Without dwelling upon them as they have been often described, they may be enumerated as Dr. Leibreich details them, as in the first place consisting of hyperæmia of the retinal vessels, especially of the veins; then a slight loss of transparency in the retina; the optic nerve disc becomes reddened, and its border indistinct; then appear the white specks and patches scattered over the fundus in the vicinity of the optic nerve: lastly, extravasations of blood usually take place upon the white spots and upon the apparently unaltered portions of the retina. The white points in their early condition have a bright glistening color, while at a later period they may become dead white. They increase in number and coalesce until often a large surface presents this white appearance. The borders of the white figures are not sharply defined, nor marked by deposits of pigment as in choroidal atrophy, but the edge fades gradually into the adjacent red color of the choroid, and minute points or dots of opalescent white are seen lying outside the large figure, like the outposts of an encampment. Dr. Mackenzie observed some of the white depositions lying plainly in front of the retinal vessels and not behind them. Dr. Liebreich calls attention to the greyish opacity of the optic papilla and the retina adjacent to it, forming a more deeply colored circle of two or three times the diameter of the normal optic entrance; this phenomenon is not constant. He also directs attention to the peculiar appearance of the yellow spot when it becomes the seat of the white deposit; that the plaque does not present a uniformly white color, but is rippled as it were with dark shadows, or appears like a group of stars with their rays blending together.

Upon the nature of this morbid process in the retina we have some interesting investigations in the paper of Dr. Nagel, which treats of the microscopic appearances. He does this elaborately in forty-three pages, rehearsing also the studies of Virchow, Wagner, Heyman, Müller, and others. It has been usual to call this disease fatty degeneration of the retina, and in the final result this is found to be correct. But the manner of occurrence of the fatty change has not been generally agreed upon, nor is fat the only adventitious product.

In a preparation which for six weeks had been immersed in a solution of chromic acid, Dr. Nagel could see that the fat drops or molecules were contained within a cell, which possessed a nucleus—that by increase in quantity of the fat, the cell was burst and the oil drops liberated. These fat-containing cells were found not only in the white patches, but in parts of the retina which were unchanged in color. To the normal elements of retina fat molecules were found adhering, as upon the walls of the capillary vessels, and the radiating fibres of Müller. Besides fat, another abnormal product was found, namely fibrine, mingled with the deposits of fat. In these situations the retina was seen, upon vertical section, to be increased in thickness, and its normal elements disturbed and broken up. The deposits of fat and fibrine were most abundant in the granular layers, while among the rods and cones little was found. The nature of the diseased process Dr. N. believes to be inflammatory, that the cells are exudation corpuscles produced by transformation of the nuclei of the connective tissue of the retina. The presence of fibrin points distinctly to the supposition of an inflammatory process. The hyperæmia and apoplexies are readily explained as the accompaniments or the consequences of the foregoing changes. The extravasations take place in the cases of Bright's disease without hypertrophy of the heart as well as in those with it;—they arise from the local congestion of the retinal vessels.

An important fact asserted by Dr. N. is, that the above changes in the retina he has found in cases where there was no renal disease whatever; in a case of acute meningitis and in a case of retinitis caused by the presence of a cysticercus in the eye; these cases argue strongly for an inflammatory process in the retina in Bright's disease, as opposed to a process of simple degeneration or atrophy. The nervous elements of the retina all undergo destructive changes,

the optic nerve fibres, the ganglionic cells, the granular layers and the rods and cones.

Dr. Mackenzie and Dr. Nagel concur in assigning the presence of urea in the circulation as the cause of the retinal disease; acting as an irritating poison especially upon the organs of vision, the brain, and the heart. In the eye no other lesions have been found than those pertaining to the retina; the choroid and the transparent media are unaffected.

Degeneration of the Retina from diffused Nephritis. Archiv für Ophth. B. vi. *Ab.* ii. 277.)—Prof. Graefe was invited by Prof. Traube to see a patient in the Charité Hospital, who had well recognised Bright's disease, and who upon the preceding day had suddenly become blind. The power of vision had in some measure returned at the time of the examination with the ophthalmoscope, and nothing abnormal could be discovered in the fundus oculi. The patient could not perceive daylight when the blindness first occurred, and it was attended with headache, a glow of heat, dyspnœa, etc., which symptoms were followed in seven hours by convulsions. After two days sight was restored. In four weeks another attack of uræmic convulsions took place, preceded by blindness that lasted for another two days. The visual power from this time gradually diminished, although no more acute uræmic attacks occurred, and now for the first time could the ophthalmoscopic signs of retinitis be discovered. There was strong distension of the retinal veins, a bluish grey infiltration into the retina adjacent to the optic nerve, and minute apoplexies scattered over the field; moreover, the vitreous humor became a little hazy. The usual developments of patches of fatty deposit and increasing amaurosis followed, until the patient died.

This case presents two forms of amaurosis, which may happen in Bright's disease: the one from acute uræmia, the other from retinitis, the consequence of the chronic ureal poisoning. Among thirty-two patients with nephritic amblyopia, in thirty Prof. von Graefe found the usual retinal changes; in the other two there were none, but there were decided uræmic symptoms. Six patients who had the retinal degeneration also had uræmic convulsions, and with them temporary blindness. To distinguish between these two forms of amaurosis is easy, when the possible intrusion of acute uræmic poisoning is borne in mind.

The retinitis takes place generally in the latter stages of the renal disease, namely, in the period of shrinking of the kidney. There may be improvement in the retinal affection without any improvement in the kidney disease: in three patients has Prof. von Graefe seen the white patches and other lesions of the retina entirely disappear, and the functions of the retina restored. In treatment he relies upon bloodletting from the temple, by Heurteloup's artificial leech, and after each application he confines the patient to a dark room for twenty-four hours, to prevent reaction; this confinement to a dark room for a day, after topical bloodletting, is his usual practice in all cases of deep ocular congestions.

Microscopic Examination.—In the above case the eyes were examined after death by Dr. Schweigger, who is the microscopist in Prof. von Graefe's clinique; and from this and other examinations made by him, the following lesions are discovered. He finds them in the retina, in the choroid, and in the vitreous humor.

In the retina the alterations may be divided into two series: first, those belonging to its nervous elements; secondly, those of the areolar tissue which separates and also connects the nervous elements. The second series of phenomena are those seen by the ophthalmoscope—the first series are seen mainly by the microscope alone. The changes in the apparatus of connective tissue consist chiefly in hypertrophy and in fatty degeneration, sometimes also in sclerosis (induration). Hypertrophy affects mostly the connective tissue of the optic papilla and its fibres as they are spread out in the retina. Fatty degeneration takes place mostly in the connective tissue of the deeper parts of the retina, viz. of the granular layers. Cells of new formation (exudation corpuscles?) are found in the hypertrophied connective tissue, and these fall into fatty degeneration. Effusion of serum and of coagulable lymph takes place, and aids in rendering the retina opaque.

The second series of changes, namely, those of the nervous elements, have been best studied in the optic nerve fibres. They consist in swelling, sometimes by saturation with serum, in varicosities, and in sclerosis. That the nerve fibres degenerate into fat globules is not easily discerned—this change belongs principally to the connective tissue. In the layer of rods and bulbs, and in the other nervous elements, alterations similar to those of the optic nerve fibres can be seen, but it is hard to study them separately. In the optic papilla there is a great development of fine capillaries. In the choroid coat the chorio-capillaris undergoes sclerosis, that is, the walls of the vessels become thickened, and their calibre diminished, sometimes completely obliterated. The pigment epithelium loses some of its contents, and becomes partly decolorized. The vitreous humor was affected in only one case—in it were numerous delicate threads woven together, which at the surface of the vitreous humor broke down into molecules.

With these facts of the microscope before us, it is easy to understand the impairment of sight. The conducting power of the optic nerve fibres is injured by compression from hypertrophied connective tissue, and by the essential alterations of the fibres; slight opacity of the vitreous humor obstructs the entrance of the light; the globules of fat in the middle layers of the retina, by reflecting the rays, prevent their reaching the subjacent rods and bulbs (Jacob's membrane). The possibility of occasional restitution of sight is explained by knowing that the fatty degeneration belongs mostly to the connective tissue, and should the fat be absorbed, vision may return if there have not been essential disorganization of the optic nerve fibres. This happy result is but too rare, and, at best, temporary.

Remarks upon Sporadic and Epidemic Diphtheritis Conjunctivæ—(*Bemerkungen über Sporadische und Epidemische Diphtheritis Conjunctivae*). By Dr. J. Jacobson. (*Archiv für Ophth. B.* vi. *Ab.* ii. 181–209.)

Upon Diphtheritic Conjunctivitis and the Employment of Caustic in Acute Inflammations. (*Ueber die Diphtheritische Conjunctivitis und die Anwendung des Causticums bei akuten Entzündungen*). By Dr. A. v. Graefe. (*Archiv für Oph. B.* 1. *Ab.* 1. 168–250.)

In number IX. of "Ophthalmic Hospital Reports," Mr. Hutchinson relates a case of "Diphtheritic Ophthalmia," in which there was abundant exudation of fibrin upon the ocular mucous membrane and subsequent collapse of the globes by bursting of the cornea. This manifestation of diphtheria would appear not to be so common in England or in this country as it is in Germany. Dr. Jacobson reports having seen among two thousand patients, in five years, forty sporadic and twenty-two epidemic cases. The sporadic cases were mostly among children, and much milder than the epidemic cases. In none was there panophthalmitis, and in very few did the cornea lose its transparency. In the epidemic cases the disease was more destructive, viz. of the twenty-two, five eyes were destroyed, four had adherent leucomata, six more or less extensive opacities of the cornea, four escaped injury, and three cases of pannus were benefited by the improved clearness of the cornea after the disease had subsided:—that is to say, two-thirds of the patients suffered detriment to vision. This epidemic was in the summer of 1859, when diphtheritic sore throat, erysipelas, and carbuncles were prevalent, and when open wounds would be covered with plastic exudation. Cases of ordinary blennorrhœa neonatorum almost entirely disappeared. In only five patients of the twenty-two epidemic cases were both eyes affected—and in none of them were there other out-croppings of diphtheria—the affection was purely local. The access of the disease was various; in some it was with no vascular congestion or increased secretion, but merely with yellowish-grey infiltration in the conjunctiva of the lid, in patches the size of a pea; in other cases there was great chemosis of the sclerotic conjunctiva,

patches of lymph and very slight congestion of the vessels—most frequently the introductory symptoms were those of blennorrhœa of an intense degree. Within twenty-four hours the eyelids became remarkably stiff and hard, very painful when handled, so that, to evert them, chloroform sometimes was needed. The conjunctiva, although increased in thickness, was but little hyperæmic, and displayed not a red, but a greyish-yellow color. The plastic exudation could sometimes be peeled off the surface as a membrane, at other times it was incorporated in the texture of the conjunctiva. This stage would persist about a week, and then the lymph being cast off or melting away, the cases presented the features of ordinary purulent conjunctivitis. The cornea became affected, sometimes at the very commencement, either by ulceration, or by a grey dead opacity that speedily advanced to sloughing. Iritis and panophthalmitis followed only as the result of perforation or necrosis of the cornea; without this the deeper parts of the eye did not suffer.

In treatment, Dr. Jacobson denounces the use of caustic; mercurials were without benefit, and leeches would not mitigate the pain. He resorted to the constant application of iced water day and night, incisions into the conjunctiva, and when the cornea became implicated, instillation of sulphate of atropine and repeated evacuation of the aqueous humor. That Dr. J. did not resort to general remedies, except calomel, is not surprising when it is remembered that the diphtheria did not, in these patients, show itself in other parts of the body.

The paper of Professor von Graefe, published in 1854, is too lengthy for condensation; it is a masterly exposition of the disease, and after the lapse of six years little could be added to make the delineation more perfect. He saw it as part of a constitutional malady, most frequently epidemic, attacking children between one year and eight years old most frequently, not attacking neonata. He pronounces the conjunctival diphtheritis contagious. He divides it into three stages:—1st, That of exudation. 2d, The blennorrheal. 3d, That of contraction of the conjunctiva. The diagnosis between diphtheritic and purulent inflammation of the conjunctiva is broadly defined—although the first passes into the second. In the period of exudation he relies upon the constitutional effect of mercury, but begins the local use of nitrate of silver as soon as the blennorrheal stage sets in. The number of cases he had seen at that time was forty.

Dr. Addison.—His whole thoughts were concentrated on his business; and being a man of wonderful shrewdness and acumen, he was eminently the practical Physician. This is the term, by which, above all others, he would no doubt have preferred to be distinguished. All who knew him must remember how strongly this word *practical* was insisted on by him in the study of disease; it is, indeed, the word which constitutes the key to Addison's whole character and professional career. He was not adverse to novel theories, and was always ready to discuss them; but he never for a moment allowed them to stand in the way of his more matured experience. Having immense perceptive powers—being shrewd and sagacious above the average of men—when he had his patient before him he looked him through and through, so that few diseases could escape his penetrating glance. He never reasoned upon a half-discovered fact, but would remain at the bedside for a period which would often weary his class, determined to search out the malady to its very bottom. If he could then lay his finger on the seat of the disease his victory was complete. Diagnosis was his forte; and those who knew him best are aware that he stood unrivalled in his power of searching into the complex framework of the body, and dragging the hidden malady to light. When this was done, we fear that nearly all was accomplished; for his very meagre and simple prescriptions (if he remembered to prescribe at all) showed that he made no study of therapeutics. —*Med. Times and Gazette.*

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON SURGERY.

Dr. James R. Wood, President.

RESECTION OF JOINTS.

TWO CASES OF EXSECTION OF THE HEAD OF THE FEMUR IN MORBUS COXARIUS. BY DR. WM. HENRY CHURCH.

(*Continued from page* 159.)

Case 1.—Michael Tiffany, seven years of age, has been suffering from morbus coxarius of the left hip for one year—consequent upon a fall. An abscess formed which opened spontaneously, about the sixth month, on the outer side of the thigh at the junction of the middle and upper thirds. The pain is so severe that he supports the limb between his hands the greater part of the twenty-four hours, never sleeping without holding it in that manner. Discharge profuse, steadily reducing his flesh and strength.

Oct. 16*th*, 1859.—Operated with the advice and assistance of Drs. Alex. H. Stevens, Hosack, Gescheid, and A. L. Sands. The patient being under the influence of chloroform, cut down over the trochanter major. After dividing the capsular ligament, the ligamentum teres having been destroyed by the disease, the head of the bone was easily thrown out of the cavity of the acetabulum by flexing and adducting the limb. Finding that the diseased bone was limited to the head of the os femoris, it was removed by sawing through the neck, at its junction with the shaft. The os innominatum perfectly healthy. A probe can be passed, by the original opening in the integuments, through the abscess and a small perforation in the inferior portion of the capsular ligament, into the cavity of the acetabulum, proving that the pus had escaped from the joint through this, the only opening in the capsular ligament.

Oct. 17*th*.—Slept well, and is more comfortable than he has been for months. *Feb.* 20*th*, 1860.—The patient has progressed favorably without one bad symptom. External wound closed. Can rotate, flex, and extend the thigh upon the pelvis. *April* 1*st*.—Allowed to go about on crutches. *April* 20*th*.—Limb shortened one inch. Can touch the floor with his heel. *May* 16*th*.—Seven months after the operation. Has thrown away the crutches in disgust. The swelling of the limb having subsided, there is apparent atrophy of the muscles of the thigh, his lameness evidently disappearing as they are developed by use.

Case 2.—Barney McGovan, native of New York, æt. 17 years. Admitted to the Bellevue Hospital, Nov. 28, 1859. His constitution is feeble, and together with anæmia he presents indications, such as cicatrices of cervical abscesses, of a truly scrofulous diathesis.

Previous History.—When a lad of five years he fell into a cistern, injuringhis left hip; consequent upon which he has been lame in the left limb. Up to that time there existed no trouble in his hip, and indeed since, he has had no acute suffering. Exercise of a violent kind, or gentle exercise long continued, induces a marked exacerbation of his malady. Twelve months before admission he fell on the ice, striking the lame hip, and could not walk home. From the effects of this fall he recovered in a few days. Six months ago his hip became so swollen and tender that he could not walk. So he entered the hospital.

Symptoms on Admission.—Marked deformity about the hip-joint; considerable swelling, limb shortened two and a half inches, knee flexed, pain on moving the thigh upwards or outwards; adduction of the thigh, and slight inversion of the foot.

Treatment.—Further examination in a few days led to the discovery of pus on the inferior inner portion of the thigh. Incisions were made, and a free discharge of pus took place;

ever since that there has been a continual discharge from the opening made. Fistulous openings on the inner border of the thigh, above the incision, also made their appearance and discharged pus.

Diagnosis.—Every thing, the condition of the patient, the appearance of the joint externally, points to morbus coxarius. The general health of patient endeavored to be built up by tonics, stimulants, and nutritious diet, but despite of all medication he continued to fail.

Jan. 16th, 1860.—After due consultation exsection was determined on. The operation consisted in cutting down upon the shaft of the os femoris, the head and neck having been destroyed by the disease. The upper end of the bone was removed half an inch below the junction of the neck with the shaft, where the tissues were found in a healthy condition. Portions of diseased bone were cut from the borders of the acetabulum, but the os innominatum was so extensively involved in the disease that a favorable result could not be hoped for.

Patient's pulse, day of operation, 120, and very feeble. The next day, 9 A.M., pulse 100 and stronger. Patient for two weeks appeared to be getting stronger; the wounds were dressed daily with straps, then with balsam Peru, then with zinc salve. Never, however, would the whole heal up; at the lower end of the incision, and on the inner border of the thigh, there continued fistulæ which discharged somewhat of pus every day. A gradual decline set in about the middle of March, 1860, which continued up to his death. For although brandy, punch, eggs, milk, now and then oysters, quinine, and iron were all administered, he gradually failed and died of exhaustion May 17, 1860.

A post-mortem examination was not allowed, other than an incision from the left dorsum ilii, down to the middle of the femur. By a *liberal interpretation of this incision*, we succeeded in removing the os innominatum and upper third of femur together. The os innominatum was very much diseased, the acetabulum being perforated, and broken in three pieces. The femur, at point of exsection, was rounded off, and attached to acetabulum by fibrous tissue; no other attempt at union. A large abscess beneath the pelvic fascia discharged itself through the fissures in the acetabulum into the sinus on the other border of the thigh.

Remarks.—As in Mr. Textor's case of resection of the humerus there "was a formation of new bone to articulate with a small depressed portion of the glenoid cavity of the scapula," so in this case there was a small disk of new bone on the side of the shaft formed apparently to articulate with the lower border of the acetabulum. Again another point in his case, where there was formation of new bone for the attachment of the long head of the biceps, the end of the bone was rounded off very like the trochanter major, perhaps to form new bone for the attachment of the gluteal muscles.

Fibrous adhesions existed between the upper end of the shaft of the os femoris, and the crest of the acetabulum, leaving only one point at its lower border, through which the finger could with difficuly be introduced into its cavity, allowing free motion to the os femoris, but yet holding the end firmly in its new position.

Mr. Wagner of Berlin says we must be cautious in drawing conclusions after operations upon animals, as the ratio of mortality would be fixed exceedingly unfavorably for resection, inasmuch as nearly half of the rabbits which I operated upon died. It would be assumed that in most cases, after resection of the head of the humerus, inflammation of the pleura, pericardium, or lungs, would be set up, as I have found to be the case in rabbits. I quote Mr. Wagner's remarks, from having, in a case of morbus coxarius, opened the abscess, where in a day or two the patient was seized with acute pericarditis, which proved fatal. I believe that these operations upon the hip and shoulder joints will be attended with better success than those upon any other joints, where anchylosis is desired, for the reason that the denuded surfaces of the bones are not obliged to come in contact with each other, and by friction or pressure produce new disease. If this should prove true, operations upon the knee-joint will be the most unsuccessful. Wagner says, "anchylosis of the shoulder-joint after resection has not been observed up to the present time."

Has anchylosis yet occurred after the same operation on the hip-joint?

Correspondence.

APOPLEXY—AUTOPSY.

[To the Editor of the American Medical Times.]

Jan. 7th, with Dr. Rochester, of Buffalo, I made a post-mortem examination on T. G——, aged about 50, colored, dropped down dead this morning soon after rising. External appearances natural. The xiphoid cartilage was unusually high up, and the cartilages of the ribs passed off from it in a very oblique manner, not so rounding and protecting to the stomach as usual. The heart was pressed up, being situated between the first and fourth ribs—commencing close against the lower edge of the first and extending to the lower part of the fourth rib. Liver healthy in appearance, but pressed to the left and somewhat enlarged. Gall bladder full. No kidney on the left side, and that on the right not apparently enlarged, though it was congested in a marked degree. Heart healthy externally, both sides empty, left ventricle slightly enlarged, and perhaps walls somewhat thinned. Head—skull very thick. Dura mater externally dry. Lymph effused over a large part of right and left sides of cerebrum. Lateral ventricles filled with bloody serum. Choroid plexus congested. Found a thick black clot of considerable size on both sides of brain in the sulci between the lateral ventricles and the meninges, a small clot over olfactory nerve of right side, and at the base of the cerebellum marked clots near the cord—one or two spots softened. General mass of brain firm and healthy. The patient had been somewhat of a drinking man, and for a day or two had complained of pain in the head, referring it to the anterior and lateral parts, those that on examination showed the effusion. The body was of good full size, of strong build, rather than corpulent, with average sized head and neck. It was not ascertained whether the disease was hereditary. It will be perceived the effusion in this case had taken place where it is most often observed, *i.e.* over the optic nerve, or on a level with it. It is interesting to note in connexion with the apoplectic condition, the anatomical peculiarities that were present; the displacement of the heart with hypertrophy, absence of one kidney, flatness of the attachment of the ribs, etc. Impediment to the free transmission of blood through the heart and lungs predisposes to apoplexy. Dr. Hope, from the frequency of the occurrence of hypertrophy of the left ventricle in these cases, was disposed to place them in the relation of cause and effect, but Watson inclines to the belief that they are concomitant effects of the same cause, viz. of disease pervading the arterial tree. The causes of the attack in this case may be briefly summed up as age, hypertrophy of the left ventricle, cold, intemperance, and possibly the displacement of the heart. It is not impossible the enlargement of the liver may have had some effect to produce retardation of the aortic current, and thus in some degree increased the tendency to cerebral engorgement. It would be interesting to know what effect the absence of one kidney may have in such cases. Possibly from offering less facilities for the diminution of the water and urea from the system, it might in the case of a spirit drinker, or of one accustomed to overload the stomach, account for an occasional temporary coma, or even congestion of the brain. That this may operate as one of the causes in cases of the kind seems quite likely, and affords no considerable field for speculation.

W. H. BUTLER, M.D.

East Saginaw, Aug. 20, 1860.

FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.,

EDINBURGH.

Scotland, August 6, 1860.

LEAVING the steam-ship Arabia Saturday noon, at Liverpool, I made the best of my way to Edinburgh, where I arrived Saturday night, August 4th. Placing my professional duties foremost, I, this morning, called upon Dr. Wm. Husband, who has recently practised and advocated vaccination upon a new, simple, and very efficient plan. He received me with the utmost kindness, and, in the course of our conversation, instructed me fully in his new method, which is simply this:—On or before the eighth day after a successful vaccination, by slightly rupturing the vessel, and dipping therein a delicate capillary glass tube, virus sufficient to vaccinate several people ascends into the tube by virtue of the capillary attraction; then withdrawing the tube and slightly shaking it, so that the virus may be brought into the middle, both ends are, in succession, hermetically sealed by being held in the flame of a candle until the end melting assumes a globular form. This process is all that is necessary to be done to procure and preserve the virus. When about to use it, all that is required is to break off both ends of the tube, and, slightly abrading the arm in one, two, or three places, to blow upon these surfaces a drop or two of the fluid. Can any process be more neat or simple? Dr. Husband assures me that nine out of every ten vaccinations "take," and that having employed tubes that were charged two years ago, their efficiency remains unimpaired. The tubes used are very fine and about three inches long.

Riding to the Royal Infirmary at 12, I there saw Prof. Syme. On being shown a case of ununited fracture of the humerus, I called the attention of the Professor to the views of Prof. F. H. Hamilton, as to the cause and treatment of that complication of fracture when occurring in the humerus. They are briefly this:—That the cause of the non-union is temporary the anchylosis of the elbow-joint, which, occurring when the arm is in a bent position, causes much, but hitherto unsuspected, motion at the seat of fracture, and that the treatment should be to straighten the arm and apply to it a straight splint expending from the shoulder to the tips of the fingers; and then perform any operation at the seat of fracture that may be thought necessary. Prof. Syme also showed us a patient who, when suffering from popliteal aneurism, had pressure faithfully tried without any result, in Manchester. The femoral artery was then tied with the effect of curing the aneurism. Some time after this, and subsequently to a severe blow upon the knee, the foot began to mortify, and finally dropped off in the line of Chopart's operation. At this time Prof. Syme amputated at the ankle-joint, and, as he said, contrary to his anticipations, the stump was nearly healed. Remarking upon fractures, and the American method of making extension, and sometimes both extension and counter-extension by means of adhesive plaster, Prof. Syme maintained stoutly that the benefit supposed to be gained from the use of extension, was an entire delusion; for if extension was employed, the muscles were roused to resistance and always overcame such force;—I ventured to suggest that, in our country, it had been found that extension, judiciously used and carefully applied, was of great value, and that his prejudices against its use arose from seeing it improperly and rudely applied. It was, however, evidently a foregone conclusion in his mind, and all argument in its favor was useless.

I spent much of the day, and also dined with Professor Simpson. I was struck with the great activity of his mind, and the ease with which, in almost one breath, he would discuss subjects entirely opposite. His geniality and, as it were, playfulness of mind, together with his great kindness to strangers, render his hospitalities delightful. He was much interested in an account that I gave him of the improvements in the treatment of morbus coxarius in our country. I shall take an early opportunity to show the Professors here Dr. Sayre's instrument. It appeared to me to be such a marked improvement, when I saw it at the National Medical Association, and heard it so ably commented upon, that I procured it, and have it with me. Professor Simpson kindly showed me his method of performing acupressure. He takes a needle threaded with a wire, and, deeply imbedding it in the tissues on one side of the artery, makes its point issue so that it may pass above the artery, and then thrusting it down deeply into the tissues on the other side of the vessel, it appears to be able to control perfectly vessels of any size. He remarked that it had been used in several amputations of the thigh with perfect success. The wire is used merely to draw out the needle when it has remained a sufficient length of time—24 hours have sufficed. What time or rather about what time the needle should remain has yet to be determined. A case was shown me where Prof. Simpson had performed the operation for vesico-vaginal fistula, the day previous. He remarked that he had eleven cases in which he had performed only eleven operations with perfect success in all. A case presented itself of nasal polypi, interesting from the fact that it had been in existence for 24 years. The gentleman told me that Mr. Liston operated upon him some fifteen times, twenty years ago, causing much hæmorrhage and loosening one of his molar teeth. The growth remaining and increasing, about four years ago he applied to Prof. Syme, who removed it several times, and, as the growth immediately returned, advised him to let it alone. He did so, and at the present time it is much less than four years ago, although plainly perceptible on distending both nostrils. He carries constantly in his pocket a vial of copperas dissolved in water, which by causing contraction of the mass relieves him materially. Prof. Simpson suggested the application of chloride of zinc.

At the Infirmary, to-day, Prof. Syme remarked that there had recently been two cases of aneurism admitted to the Infirmary for operation, in which pulsation ceased the day after their admission, and prompt recovery followed without anything being done. He attributed it to the fright and anxiety consequent on the journey and admission to the hospital, which might have caused some mechanical or other change in the aneurism. He considered the treatment by flexion well worthy of trial in almost every case. Prof. Syme remarked that blistering was the very best thing that could be done for a callous, indolent ulcer; and he wished particularly the credit of urging this improved treatment upon the profession. A poultice is usually applied for the first twenty-four hours after admission to the hospital; then the blister. I noticed in the wards that fractures of the tibia and fibula were all laid upon the outer side. My attention has been called by Mr. Edwards, formerly Demonstrator of Anatomy in the University, to the subject of fractures of the radius just above the wrist. It appears to him, and certainly does to me, after experiments upon the dead body, that far too much importance has been attached to the forcible bending of the hand downwards, and to the ulnar side. Any one who tries the experiment upon the subject will find that it really prevents the close apposition of the fractured surfaces. A gap is produced whenever the hand is forcibly inclined in the usual manner. May not the filling up of this gap with new deposit in some way help to produce that stiffness and awkwardness of the joint that so often remain for months. I remember that Prof. F. H. Hamilton, in his late excellent work on fractures, doubts very much the efficacy of the above-mentioned posture, and, if I mistake not, retains it merely on account of the superior facility that it gives you for examining the point of fracture.

Many operations are daily performed at the hospital, or, as it is called here, Royal Infirmary, that I do not mention, because they present nothing of interest. Warm water is used here instead of cold, as an application to wounds, sprains, and contusions. Prof. Simpson remarked to me that he doubted the propriety of employing even warm water as an application to a surgical wound. He thought

it might dissolve the crust or glazing formed over a wound, and thus do more harm than good. Prof. Syme amputated the leg by making anterior and posterior skin-flaps, and dividing the muscles by circular incision. In sawing the bone, he divides the spine of the tibia obliquely, so as to prevent fretting of the anterior flap by the sharp corner. This, however, is no novelty.

Medical News.

Smokers in New York.—According to the *Merchants' Magazine*, in New York city there are about 200,000 smokers, each using two cigars per diem, which make 400,000 every day. These will cost, for labor alone, at $5 per thousand, the enormous sum of $8,760,000 annually, when made by hand. There are imported into New York, annually, 12,000,000 lbs. of tobacco, distributed as follows:—Connecticut, 10,000 cases of 400 lbs. each; Pennsylvania, 6,000 cases, 400 lbs. each; Ohio, 10,000 cases of 370 lbs. each. From New York to Massachusetts, 5,000 cases of 400 lbs. each. We also import 6,000,000 lbs. from Havana, and a quantity from other Spanish ports: and we are told that, on an average, 20 lbs. of tobacco are required for every 1,000 cigars, and we can easily calculate that there are 900,000,000 cigars made in the city of New York alone in a year.

From an article in the London *Times* it appears that from the first of June, 1857, to the first of June, 1858, there had been admitted into the Northern hospital at Liverpool *upwards of* 150 *patients from merchant vessels whose sufferings in every single case were owing to maltreatment at the hands of their officers.*

Medical Men in the New Italian Parliament.—The Medical Profession is represented in the New Italian Parliament by twelve Medical Deputies, and among them G. Farini, ex-Governor of the Æmilian Provinces. Two of the principal representatives of Italian Medicine, Professor Panizza, of Pavia, and Bufalini, of Florence, have been named Senators. Well merited has this recognition of their public services been: for it has been among the Professors at the Universities that the traditions of Italian liberties were chiefly kept alive during the oppression from which they have now happily become liberated.

Cause of Sterility.—Dr. Chaillé who lately visited New York, writes to the *N. O. Med. and Surg. Journ.* as follows: Dr. Emmet, Assistant Physician to the Woman's Hospital, supposes, and I presume his opinion reflects that of Dr. Sims, that copulation seldoms results in conception, unless the os uteri be in such a position as to fairly receive the discharge of semen from the meatus urethræ of the penis. If the impulse of the semen in the act of coition be not directed fairly into the womb's mouth (in consequence of its faulty position), then sterility may result. Dr. E. asserts that, notwithstanding those exceptional cases where pregnancy has occurred without even penetration of the virile member, it is none the less true that the wives of those men who have had an abnormal termination of the urethra (the meatus being situated, not on the glans penis, but somewhere in the course of the urethra), have been sterile, which would tend to establish the assertion that impregnation usually requires something more than the simple introduction of semen into the vagina.

Brescia, a city of Lombardy, of 30,000 inhabitants, received in the first days after the horrid carnage on the heights of San Martino and Solferino, the enormous number of 33,000 sick and wounded, who were distributed in forty different provisional hospitals. Churches, barracks, the vast palaces of the rich, monasteries, school houses and country residences were charitably thrown open for the relief of the sick and wounded. The physicians were nobly assisted by the inhabitants in their arduous task, and both did their best to afford every possible help and comfort to the soldiers wounded on the battle field. To give an idea of the immense labor the surgeons had to undergo, we add that their number amounted to only 140, and that they were occupied continually during fifteen hours of the day. Of the above mentioned number of 33;000, there were 13,250 wounded on the battle field by all possible kinds of arms; 19,750 being medical cases. According to nationality this divides itself into 17,400 Frenchmen, 14,000 Italians, and 1,600 Austrians. The amount of deaths was 1,270, which gives the favorable result of not quite four per cent. of the total amount treated.—*N. O. Medical and Surgical Journal.*

Specialties of the Present Day no Novelty.—The system of special practice, which is becoming so prevalent at the present time, existed amongst the ancient Egyptians, for Herodotus speaks of their having doctors for almost every part of the body, of which the eye and other organs are particularly mentioned. Our specialism would seem, then, to be merely a revival of an ancient though not enlightened practice.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 25th day of August to the 1st day of September, 1860.

Deaths.—Men, 86; women, 81; boys, 193; girls, 164—total, 524. Adults, 167; youths, 22; children, 335; males, 379; females, 245; colored, 7. Infants under two years of age, 282. Among the causes of death we notice:—cholera-infantum, 103; congestion of brain, 8; infantile convulsions, 37; croup, 3; diarrhœa, 27; dysentery, 5; scarlet fever, 21; typhus and typhoid fevers, 8; inflammation of brain, 7; of bowels, 5; of lungs, 5; measles, 5; small-pox, 6; consumption, 56; dropsy of head, 24; infantile marasmus, 43; old age, 10! Classification:—brain and nervous system, 102; respiratory, 86; digestive, 209.

The number of deaths compared with the corresponding weeks of 1858 and 1859, and of last week, was as follows:—

Week ending Sept. 4, 1858	592	Decrease	68
" " Sept. 3, 1859	581	"	57
" " Aug. 25, 1860	524	"	25

Aug. and Sept.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Thrm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
26th.	29.80	.06	73	66	79	10	15	W.	1	
27th.	29.83	.01	73	64	81	11	16	W.	0.8	
28th.	29.85	.08	68	61	74	7	9	N.W.	4	.04
29th.	29.90	.05	67	57	76	11	15	N.W.	.05	
30th.	29.93	.09	70	60	80	11	14	W.	.01	
31st.	29.78	.14	72	64	80	10	12	W.	2	
1st.	29.88	.14	79	58	80	10	14	N.W.	.01	

Remarks on the Weather.—The driest week of summer, with pleasant weather both day and night, with the exception of a cloudy P.M., and light rain on the 28th. The force of the wind was also generally light during the week.

MEDICAL DIARY OF THE WEEK.

Monday, Sept. 10.
- City Hospital, Surgery, Dr. Watson, half-past 1 P.M.
- Bellevue, Obstetrics, Dr. Taylor, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.

Tuesday, Sept. 11.
- City Hospital, Surgery, Dr. Markoe, half-past 1 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- American Pharmaceutical Association, at 8 P.M.

Wednesday, Sept. 12.
- Eye Infirmary, Operations, 12 M.
- City Hospital, Medicine, Dr. Bulkley, half-past 1 P.M.
- Bellevue, Surgery, Dr. Meir, half-past 1 P.M.
- N. Y. Pathological Society, 8 P.M.

Thursday, Sept. 13.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- City Hospital, Surgery, Dr. Watson, half-past 1 P.M.
- Bellevue, Medicine, Dr. Thomas, 12 M.

Friday, Sept. 14.
- City Hospital, Surgery, Dr. Markoe, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.

Saturday, Sept. 15.
- Bellevue, Surgery, Dr. Mott, half-past 1 P.M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- City Hospital, Medicine, Dr. Bulkley, half-past 1 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.

Original Lectures.

A CLINICAL LECTURE ON ANÆMIA,

DELIVERED AT THE LONG ISLAND COLLEGE HOSPITAL,

BY

AUSTIN FLINT, M.D.,

PROFESSOR OF THEORY AND PRACTICE OF MEDICINE.

GENTLEMEN:—I shall avail myself of the opportunity offered by the absence of any particular cases claiming extended consideration to-day, to make some remarks on a pathological condition which is brought to our notice constantly in connexion with the cases presenting at our clinic, and which I have been able hitherto to consider only in an incidental manner. The condition to which I refer is that known as *anæmia*.

As introductory to the subject, I will call your attention to a case which we have recently admitted into the hospital. The patient is a female, aged twenty-three. Her occupation is that of a domestic, and she has been much confined within doors. She states that she has been in ill health for eighteen months, and that prior to this time she was well. She is unmarried. Eighteen months ago she ceased to menstruate. The menses were not arrested, but they ceased to recur for three months. She can assign no cause for this irregularity. She has never had leucorrhœa. After three months the menses returned, and have recurred regularly since, but have always been scanty. She presents a notably anæmic appearance. The face is pale, and the prolabia bloodless. The appetite is tolerable, and the bowels regular. She is depressed in spirits. She has suffered much from palpitation, and has fancied that she had disease of the heart, and that she is in danger of sudden death. On physical examination the heart is found not enlarged. A systolic soft murmur is heard over the pulmonic artery, and a feeble murmur (systolic) is also heard at the apex. A pretty loud arterial murmur is heard over the carotid, and a loud venous hum. There are no symptoms referable to the lungs.

These are the general points in this case. I do not care to go into needless details. The case may serve as a type of the condition of which I propose to speak more fully than I have been able to do before.

The patient is affected with *anæmia*. What is the pathological condition designated by this term? Derivatively the term signifies a deficiency of blood. But this does not express accurately the condition. I believe that there may be a deficient quantity of blood. It has been denied by some who think that whenever, from hæmorrhage, or any other cause, the mass is lessened, liquids are quickly absorbed sufficiently to make up the deficiency, and, therefore, that the quantity is never so much reduced as to constitute properly a morbid condition. As a general statement this is probably true, but it may be justly doubted whether it invariably holds good. That reduction in quantity of the mass of blood, however, is not the essential condition in anæmia, must be admitted. The essential condition is deficiency of the red corpuscles of the blood. Whenever these are reduced below the limit of health, anæmia exists, whether the blood, as a whole, be diminished or not! The condition is thus the opposite of plethora, the red corpuscles in the latter condition exceeding in quantity the healthy limit.

When I say that the essential condition in anæmia is a diminution of the red corpuscles below the limit of health, I would not be understood to mean that this is always the primary morbid change. Other important changes in the blood, with which we are at present unacquainted, may precede it. The source of the blood corpuscles is not yet satisfactorily ascertained. We know not where or how they are manufactured. When physiologists shall have pushed their researches further in this direction, we shall perhaps find that deficiency of the red corpuscles always stands in a relation of dependence on some antecedent blood change or changes. It is correct to say that, in the existing state of our knowledge, anæmia may be defined to be a paucity of blood corpuscles.

Physiological chemistry teaches us that the red corpuscles consist of several organic ingredients, prominent among which is the hæmatin or coloring matter of the blood, and that they are present in the proportion of from 120 to 130 in 1000 parts. Pathologists have ascertained that in cases of disease the red corpuscles may decrease so that they exist in a proportion of only 70, 60, and even 20 in 1000 parts. It is difficult here, as in other instances, to fix the precise bounds of healthy variations. Robin estimates that when the reduction of corpuscles falls as low as 80 in 1000 parts, it must constitute a morbid condition. This, however, is only an opinion, although approximating to the truth.

Directing our attention to the subject in a practical point of view, the question at once arises, How are we to determine the existence of anæmia? It is evident that we cannot draw blood from all our patients and make a quantitative analysis in order to ascertain whether they are anæmic or not. This is not necessary. For all practical purposes we can generally judge with sufficient accuracy by certain manifest characters, and by the pathological effects of this condition. The patient's physiognomy is often sufficient, as in the case which has prefaced these remarks. The characteristic appearance I have pointed out to you repeatedly in the patients at our clinic. The color of the face, so far as this is dependent on the hæmatin of the blood, is deficient. The complexion is that of the skin *minus* the hæmatin, and as the complexion varies in different persons, so the anæmic aspect is not always precisely the same. Some persons present a pale white color, in others the skin is brown, in others sallow, and sometimes a faint greenish tint is discoverable, which led the older writers to apply to certain cases of anæmia the name of chlorosis. The absence or deficiency of hæmatin is the point which they all have in common. The conjunctiva is notably white and transparent, showing when the complexion is yellow, that it is not so from the presence of bile in the blood. Owing to the transparency of the sclerotic membrane and the conjunctiva, the choroid coat frequently gives to the globe of the eye a dark blue appearance which is quite characteristic. The prolabia offer a good spot for judging of the condition of the blood. This intermediate space between the skin and mucous membrane, loses the vermilion line of health, and in strongly marked cases seems devoid of blood. The mucous membrane of the mouth, nostrils, and eyelids is unnaturally pale. With these appearances you are familiar, and I have had occasion to caution you against a liability to error to which I will again refer. Patients whom I examined privately before my clinical hour arrived, not unfrequently present the characters of anæmia strongly marked, bnt when they come before the class these appearances are much less manifest. The reason is, the excitement incident to offering thus in public, causes the heart to act with unusual force, and the blood is unduly attracted to the face. Allowance is to be made in private practice for the temporary excitement which the visits of the physician or his investigations are likely to occasion.

But we must not rely exclusively on the physiognomy in determining the existence of anæmia, or in judging of its degree. In some patients the characters just mentioned are not conspicuously manifest, and the same amount of anæmia in different patients gives rise to marked differences in the prominence of the physiognomic characters, owing to differences in the vascularity of the tissues in the natural complexion, etc. This is an important practical point which clinical experience shows to be correct. There are other means of judging, irrespective of an analysis of the blood. These have reference to the pathological effects of the anæmic condition. Clinical observation teaches that anæmia

stands in a pathological relation to a series of phenomena which, therefore, when present, constitute evidence of the existence of anæmia. These phenomena are important in a diagnostic point of view, and also with reference to therapeutics, for the relation which the anæmia sustains, as already intimated, is that of causation.

Before proceeding further I wish to remark that the importance of the anæmic condition has been appreciated only within the last few years. It is not yet sufficiently appreciated by many practitioners, especially those who have not been able to emancipate themselves from the doctrine that nearly all diseases are referable to inflammation, and that this is the great pathological element on which our therapeutical resources are to be in most cases concentrated. The recognition by well informed physicians of anæmia as an important pathological condition, is one of the most prominent of the characteristics of practical medicine at the present moment. Let me add, Gentlemen, that there are few subjects in practical medicine which it is more important that you should properly understand than this. The number of cases at our clinic in which this condition exists, represents the extent to which it prevails. You will meet with it constantly in your practice. Itself an effect of various causes, it occasions, in its turn, a host of morbid sequences, and it is found in incidental and accidental association with numerous diseases. You cannot disregard or depreciate it without failing to manage successfully a large proportion of the cases which you will be called upon to treat; more than this, without often doing harm instead of good, by means of therapeutical agencies.

Let us now inquire what are the phenomena which we may expect to find associated with anæmia, aside from the appearances already alluded to? I must not stop to do much more than to enumerate the more important of them, in order to leave time for devoting some consideration to other branches of the subject. A large number of phenomena are dependent on an abnormal excitation of the nervous system. The healthy action of this system requires that the red corpuscles of the blood shall not fall much below the limit of health; and when greatly diminished, the effect is not as we might *à priori* anticipate, mere inaction or incapacity for action, but a morbid activity or aberration. Neuralgia in various situations is apt to occur; in females that particular form known as the "pain in the side," is exceedingly common. This pain is situated at the lower part of the chest in front on either side, but oftener the left than the right. Cephalalgia is quite common. Hyperæsthesia of certain portions of the skin is frequent. When this is limited to the abdomen, and is marked, it simulates the tenderness of peritonitis, and may lead, without due knowledge and care, to an important error in diagnosis. Tenderness by the side of the spinous processes of the vertebræ is generally present, constituting what has been known as spinal irritation. In the majority of cases so called, anæmia exists, and the tenderness is more effectually relieved by measures addressed to the anæmic condition than by the severe local applications which were formerly in vogue. Palpitation is generally more or less prominent. Of the many patients, especially among females, who come to us with functional disorder of the heart, the majority are anæmic. The heart is usually irritable in the anæmic state; slight causes render the pulse frequent, so that it is important to bear in mind the injunction of Marshall Hall, not to judge of the habitual frequency of the pulse by a single examination made when we first begin to interrogate a patient, but to wait until the venous system has become tranquil, when it will often be found that, so far from the pulse being accelerated, it may be unnaturally slow. If a patient be subject to hysteria, the anæmic state predisposes to the various disorders embraced under that term.

Depression of spirits is a common effect of anæmia. Patients are disposed to look on the dark side of things; they lose the buoyancy which they have in health; they are easily affected and agitated. This effect may be greater or less, in some instances amounting to melancholia. The mental depression frequently takes the direction of anxiety and apprehension on the subject of health. It is not unusual for patients to feel that they are to die soon. They imagine that they are affected with some fatal disease, which is generally either organic disease of the heart or consumption, these being popularly known as serious affections. If organic disease of the heart be imagined, sudden death is apprehended, it being a popular notion that cardiac affections usually destroy suddenly. A sense of inability for physical or mental exertion is another effect referable to the nervous system. There is not so much actual incapacity as there is a feeling of it. The powers of body and mind may be in reality somewhat weakened, but it is the indisposition or rather inaptitude to make any exertions of which the patient most complains, and this to persons of naturally active habits is a source of distress. This sense of inability to exertion is variable; it is felt on some days more than on others, and at certain periods of the same day more than at other periods. It is often to be felt during the process of digestion.

Various phenomena are dependent on the weakness of different organs. Exclusive of the nervous system, which we have just seen to be the seat of a morbid activity, the functions are enfeebled. Digestion is labored, or difficult, and perhaps imperfectly performed. In young girls there is sometimes a craving for unnatural articles, such as slate, chalk, etc. Whether the dirt-eating propensity, peculiar to the Southern negro, be generally associated with anæmia, I am unable to say. I may remark here that in the negro we cannot, for obvious reasons, appreciate all the physiognomic characters of anæmia; but those pertaining to the eye, the prolabia, and the mucous membrane, are perhaps the more conspicuous for being placed in relief by the blackness of the skin. The bowels are sluggish. Amenorrhœa and a scanty menstrual flow are occasional effects, as in the case to which I have called your attention to-day. The sexual propensity is lessened. Coldness of the extremities is almost invariably present, denoting deficient power of the circulation, or deficiency in those molecular changes which are attended by the production of animal heat.

I might extend this enumeration by including various incidental phenomena. I will mention one which will occasionally present itself, viz. a sense of numbness, sometimes limited to one extremity and sometimes extending over a lateral half of the body. This excites a good deal of alarm, lest it be a precursor of paralysis. That it is not, we may assure our patients positively. I have, however, known facial paralysis to occur in two instances, in which no cause could be assigned, exclusive of anæmia. In both these instances the paralysis was temporary.

With regard to these varied phenomena to which the condition of anæmia stands in a causative relation, more or less complete, there is this distinctive fact:—Several of them are associated in the same case. It is the grouping together of them which renders them symptomatic of the anæmic condition, rather than their significance individually. The present and previous history of a case of anæmia of some standing, generally embrace the greater part of the phenomena which I have enumerated. This fact has been abundantly illustrated in the cases which have presented themselves at our clinic. When we have satisfied ourselves that the patient is anæmic, and has been so for some time, we can foretell what our examination will disclose; neuralgic pains somewhere, palpitation, cold extremities, mental depression, a sense of incapacity for exertion; may be confidently anticipated. We may venture to inform the patient that these are the symptoms, although this method of inspiring confidence is liable to abuse, and borders on quackery.

There are certain physical signs distinctive of anæmia, which pertain to the circulation. These are the inorganic murmurs. Whether a strictly cardiac murmur may be due alone to an abnormal condition of the blood, is a question *sub judice*. By the expression, "strictly cardiac murmur," I

mean a murmur produced either within the cavities of the heart or at the auriculo-ventricular orifices. In the case given at the outset of this lecture, there exists a murmur referable by the rules of localization to the mitral orifice. There is no other evidence of organic disease in this case, and the question arises, may a mitral systolic murmur be inorganic? Generally it is not so; in other words, it denotes organic lesions of some kind; but I am not prepared to say that it may not be functional. I have known a mitral systolic murmur in a case of chorea associated with anæmia, without rheumatism, to continue for a time, and disappear when the patient recovered from the chorea and the anæmia. But if this murmur be ever inorganic, it is certainly very rarely so. We do not look for it in cases of anæmia, but we often find murmurs in the arteries near the heart, and at a distance from it. We hear them just above the heart, over the outer and pulmonic artery. They are, of course, always systolic, i. e. accompanying the first sound or systole. How do you know them to be inorganic murmurs? This is an important practical question, for if the murmurs are not inorganic, they denote organic lesions of some kind; and the existence of anæmia is not alone sufficient proof that the murmurs are inorganic, inasmuch as anæmia may be, and often is, associated with organic disease of the heart. We can generally arrive at the conclusion that they are inorganic, by directing attention to certain points in connection with the existence of anæmia. An inorganic murmur may be seated in the pulmonic artery. So far as my experience goes, it is oftener seated in the pulmonic artery than in the aorta. How to determine whether it be seated in the pulmonic artery or the aorta, I need not stop here to consider, for this is a point which we have already sufficiently considered in previous lectures. Now, if a murmur be seated in the pulmonic artery, in an anæmic person, the probability is that it is inorganic, because, exclusive of congenital malformations, this artery is very rarely the seat of organic lesions. The co-existence of a pulmonic and an arterial murmur is also evidence of both being inorganic. How do we know that we have these two murmurs coexisting? This is a question which I believe I have not before answered, and it is one which I have not considered fully in my work on the Diseases of the Heart. We can usually settle this nice point in auscultation, by comparing the murmur as heard over the outer and near the pulmonic artery. If a murmur heard in the second intercostal spaces, nigh to the sternum on both sides, have the same quality and pitch, the presumption is, that it is a single murmur transmitted into both situations; but if the murmur, as heard on the two sides, differs in quality and pitch, the presumption is, that it is not a single murmur, but that there are two murmurs, one of which is aortic, and the other pulmonic; and clinical observation shows a difference in quality and pitch on the two sides to be not unfrequent. Another point relates to the second sound of the heart. We can interrogate, after a little practice, without difficulty, the second sound as produced at the aortic and pulmonic orifices separately, and distinguish the one from the other. Now, organic lesions at the aortic orifice generally, although not invariably, involve the semilunar valves, so as to impair the aortic second sound. If, therefore, we find the aortic second sound and the pulmonic second sound preserving their normal relation to each other, as regards intensity and quality, the presumption is, that an aortic murmur in a well marked case of anæmia is inorganic. This presumption is strengthened by the absence of any enlargement of the heart, and because experience teaches us that aortic lesions generally lead sooner or later to cardiac enlargement.

Further evidence that murmurs at or near the arterial orifices are inorganic, is afforded by the coexistence of arterial murmurs in the subclavian and carotid arteries. Murmurs are often produced in these situations in anæmia, when they are not discovered near the heart. Here I wish to advert to a point, concerning which, until lately, I have entertained an erroneous opinion. I refer to the quality of inorganic arterial murmurs. In my work on the diseases of the heart, I have stated that roughness is a distinctive characteristic of these murmurs. This is, I believe, the opinion generally held by experienced auscultators. An able reviewer in the *Dublin Quarterly Review*, however, has criticised my statement with regard to this point as too unqualified. Curiously enough, just before reading this review, I had been led to the same conclusion by a case which came under my observation since the commencement of the present session. You will recollect the case I visited in consultation, the patient of a medical friend, in part with reference to the question whether there existed aneurism of the aorta or subclavian artery. Under the right clavicle there was a loud and distinctly rough murmur, which, naturally enough, suggested the idea of aneurism. No other signs of aneurism, however, existed. The patient was intensely anæmic, and death occurred a few days after my examination. I attended at the autopsy and brought away the heart, which I exhibited to the class, and made some remarks on the subject at that time. Both the heart and the arteries were entirely free from organic disease.

Another nice point in auscultation here suggests itself, to which I have not referred in my work on diseases of the heart, and which was just suggested to my mind by a question made to me by a member of one of my private classes in auscultation last winter. Suppose that we find an aortic murmur at the base of the heart, and a murmur in the carotid artery, the latter may be either transmitted from the aorta, or it may be produced within the carotid; can we determine which of these explanations is correct? We can generally do so by comparing the murmurs in the neck, and at the base of the heart, as respects pitch and quality of sound. A transmitted murmur preserves its pitch and quality, certainly as a rule. If, therefore, the murmur in the neck be the same murmur heard at the base of the heart, save only as regards intensity, it is transmitted; but if it differ in pitch or in quality in the situations, there are two murmurs, one produced in the aorta, and the other in the carotid.

We have not yet done with the murmurs incident to anæmia. What is called the venous hum, when present, is highly characteristic. This murmur is the continuous humming sound, sometimes musical, which the French writers call *bruit de diable*. This is truly a formidable title for an auscultatory sound; reference, however, is had, not to his satanic majesty, but to the spinning-top. The murmur often closely resembles that produced by this toy, which in France is known as *le diable*. This murmur is produced within the veins of the neck, oftener on the right side than on the left side, the patient either sitting or standing. That it is a venous murmur is demonstrated by compressing the veins above the stethoscope. The murmur is at once arrested, and it may be made to come and go at pleasure. This fact I have demonstrated to all of you in cases which have presented at our clinic. I believe this to be always a sign of anæmia, but it is a sign present only in certain cases of anæmia, and, therefore, while it denotes this condition when it is present, its absence is by no means proof that anæmia does not exist. Why it should be present in some cases and not in other cases, I confess my inability to explain. The same remark holds good with respect to inorganic arterial murmurs; that is, they are present in only a certain proportion of cases of anæmia. They depend, doubtless, on an abnormal condition of the blood, but what the particular change is, I am not prepared to say.

The causes of anæmia, in a practical point of view, constitute a very important branch of the subject. We meet with this condition vastly oftener in the female than in the male, which is to be explained in a great measure by the fact that many of the causes are peculiar to the female sex, and in part, perhaps, by the fact that the relative proportions of the red corpuscles of the blood are normally somewhat less in the female than in the male. Loss of blood is a frequent cause. Women are exposed peculiarly to this

cause in consequence of the floodings in labor and the profuse menstrual flowings to which they are subject. Formerly, when the anæmic condition was not understood, and bleeding as a remedy was practised much more indiscriminately than at the present time, anæmia was often produced by injudicious venesections, aided, too, as these were, by the equally injudicious use of emetics and cathartics, conjoined with low diet. We cannot forbear the conviction that much harm was done in this way, and also by failing to recognise, as contra-indicating measures of depletion, a state of anæmia already existing. It is no reproach to the past to be obliged to entertain such a conviction. Physicians can be expected to see their way in practice only so far as the light of existing knowledge extends, and if there be not liabilities to error, there can, of course, be no room for improvement.

As a general remark, any excessive expenditure of the nutritive materials in the blood, exclusive of nutrition, may occasion anæmia. Thus, large or long continued purulent discharges give rise to it. In females a common cause is the profuse leucorrhœa from which many suffer for a great length of time without medical aid. Frequent child-bearing and lactation are perhaps the most frequent of all the causes. The great frequency of these causes you have been led to observe in the cases at our clinic. Over and over we have found on questioning nursing patients, who come here with the varied ailments belonging to anæmia, that they have been either pregnant or suckling children with little or no interruption for eight, ten, or twelve consecutive years. And to these causes are conjoined generally hard work, inadequate diet, and often exposure to various other hardships.

In other patients it is induced by deficient assimilation. This is the source often in females who are confined within doors by some sedentary employment. You will have observed that in several of our cases the patients have been seamstresses. Sitting day after day, without exercise of the muscles, or of the faculties of the mind, and removed from all excitement which stirs up the functions, there is but a small demand for supplies for nutrition. The digestive and assimilatory functions languish from inactivity; the desire for food at length diminishes or disappears, and the blood becomes impoverished. In other cases, among a different class of patients, assimilation is defective in consequence of an injudicious alimentation. This arises sometimes from depraved dietetic habits into which persons, especially females, fall unintentionally; but it is sometimes the result of a sickly sentimentality which imagines that it is more interesting and refined to ignore the substantial wholesome articles of food which God intended should be eaten and enjoyed. Other evils of anæmia here spring from the miserable fanaticism which stigmatizes good living as an offence against delicacy, morality, and religion. The prevalence of consumption is one of these evils; and were we to go beyond the *physique* to trace its consequences, we should be led to attribute not a small share of mental vagaries to this source, on the often quoted but often disregarded truism of the *mens sana in corpore sano*. Gluttony is not to be advocated, but in a physical, if not a mental, point of view, it is preferable to an equal extreme of asceticism. Not only the healthiest of men and women, but they who have attained to the highest perfection in intellect, morals, and piety, have been good eaters.

Occasionally we meet in practice with cases of anæmia in girls, occurring at or near the period of puberty, without our being able to attribute it to any obvious cause. It seems to be in some way connected with the evolution of the sexual system. It is to these cases especially that the term chlorosis has been applied. A greenish tint of the complexion is certainly not a reliable test, and it would be better were the term chlorosis discarded; but, if retained, it is well to restrict it to cases of the description now referred to.

In districts known as malarious, and among persons who have experienced frequent relapses of intermittent fever, anæmia is quite common. The malarious poison may induce anæmia without giving rise to intermittent fever, but persons who have repeated attacks of the latter disease, or in whom the course of the disease is not interrupted, generally become anæmic.

We may add to this brief account of the causation, the occurrence of anæmia in connexion with an abnormal increase of the white corpuscles of the blood, to which the attention of pathologists has been called by Virchow and Bennett, termed by the latter leucocythemia. I have not time now to enter into a consideration of this pathological condition, and to do so would be a digression from our present subject.

I have considered anæmia, Gentlemen, in these remarks, as a condition which, with our present knowledge, presents itself to us in practice when it is to be regarded and treated as the point of departure for a great variety of consecutive ailments. The state of anæmia often occurs when the point of departure is obviously in some other affection to which the anæmia is incidental. Thus, in cases of tuberculosis, carcinoma, and Bright's disease, anæmia occurs as a prominent feature, but as occurring in these connexions, it is a subordinate condition; it belongs to the history of these diseases, and claims attention only as one of their elements. Anæmia, however, may concur with almost any disease with which it sustains no special relations. In other words, a person already more or less anæmic, is liable, as well as other persons, to be attacked with fevers, inflammations, and other affections; and on the other hand, persons affected with chronic maladies are liable, like other persons, to become anæmic from causes having no particular relation to the existing maladies. The point at which I wish to arrive is this: Wherever anæmia concurs with any disease of which it is not an intrinsic element, it modifies the phenomena of that disease, and must influence our treatment. Suppose, for example, that an anæmic person be attacked with a pneumonia, the anæmic condition is to be taken into account in estimating the significance of symptoms, especially those relating to the circulation and the powers of the system, and it is of vast importance to take cognisance of the concurrence of this condition in determining whether bloodletting or other measures of depletion shall be resorted to or not. This is an important practical point of general application. Inattention to this point in organic affections of the heart, has led to serious errors in practice. We have seen that one of the most constant and prominent of the effects of anæmia is irritability of the heart. This irritability, conjoined with obstructive or regurgitant lesions, increases greatly the disturbance due to the latter. It augments notably the intensity of the organic murmurs proceeding from these lesions. The practical error is in imputing all the disturbance to the lesions, and under the influence of this error perhaps adopting measures of treatment which aggravate the disturbance by increasing the anæmia. So far as diseases of the heart are concerned, the importance of recognising the co-existence of anæmia cannot be too forcibly impressed; but the same principle holds good, although not to an equal extent, in almost all affections. The practical injunction is to look for anæmia, not only when it is the chief, and so far as appears to us, the primary morbid condition, and not only as it occurs in certain affections to the history of which it belongs, but as it may accidentally be found associated with any disease.

Before proceeding to speak of the treatment of anæmia, I wish to call your attention to a form in which this condition is occasionally met with, differing from the ordinary forms in this important respect—it proceeds steadily and surely to a fatal issue. I refer to the form which Addison distinguishes as "idiopathic anæmia." He so distinguishes it because the anæmia is developed and continues without any adequate cause or causes being apparent. It is in these cases of idiopathic anæmia that Addison was led to observe disease of the supra-renal capsules. The bronzed hue of the skin occurs in a certain proportion of these cases only.

It is with the idiopathic fatal anæmia, not the coloration of the skin only, that Addison supposes the disease of the supra-renal capsules is connected. As there is, I believe, generally an incorrect impression on this point, I beg leave to read the following quotations from Addison's paper: "For a long period I have from time to time met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhœa, no chlorosis, no purpura, no renal affection, splenic miasmata, glandular, strumous, or malignant disease" * * * * "It was whilst seeking in vain to throw some additional light on this form of anæmia that I stumbled on the curious facts which it is my more immediate object now to make known to the profession."*

I do not propose to discuss in this connexion the question as to the existence of a pathological relation between disease of the supra-renal capsules and fatal anæmia with or without bronzing of the skin. I will simply say that I suppose it to be shown that if there be a relation it is only occasional, not constant. I had myself a patient last winter who died with slow fatal anæmia, complicated with almost universal and strongly marked bronzing of the surface, and after death there was found to be no appreciable degeneration of structure in the supra-renal capsules. The history of this case was so strikingly illustrative of the so-called Addison's disease, that I fully expected to find disease of the capsules, and the autopsy was publicly made in the Amphitheatre of the New Orleans School of Medicine. But, not to be diverted from the point to which I wish to direct your attention, cases such as Addison refers to in the quotations just read, must have fallen under the observation of most clinical observers. I met with two or three in my hospital wards in New Orleans during the winter of 1858–9, and again during the last winter. The patients entered with intense anæmia, and greatly prostrated. Interrogation of the important organs of the body showed no serious disease. Loss of appetite was a prominent symptom, and progressively this loss became total. Diarrhœa was more or less prominent before death, but this was not due to intestinal lesions, as shown by examinations after death. The patients died by slow asthenia, or inanition. No disease adequate to produce death was discovered by post mortem examinations. Notwithstanding Addison's researches, these cases must be considered not less inexplicable now than when he stumbled on lesions in the supra-renal capsules. Even were these constant, they would hardly shed much light on the occurrence of fatal anæmia. I have not the presumption to offer an explanation of these cases, but I have an idea which I do not hesitate to throw out, because I can do no more, and I give it only for what it may be worth. To follow it out by researches which will show it to be valuable or worthless, will probably not be within my power. I suspect that in these cases there exists degenerative disease of the glandular tubuli of the stomach. I am led to this suspicion somewhat as a physician is said once to have arrived at the conclusion that the pancreas must be diseased, by convincing himself that all the other organs in the body were sound, and this was the only organ that he could not satisfactorily interrogate! Here is, at all events, a field of research which has yet been hardly more than explored. Dr. Handfield Jones is the only one within my knowledge who has made degenerative disease of the gastric tubuli the subject of any investigation. He published some years ago the results of the examinations, by means of the microscope, of one hundred stomachs. In seventy-seven of this number there was found more or less atrophy of the tubuli. In fourteen cases the degeneration was considerable. We can as readily understand that these important organs should undergo degenerative disease not rendered distinctly apparent to the naked eye, as that this should be true of the convoluted tubes of the kidney. It is perhaps the lot of some one to bring the microscope to bear upon investigations here with as much effect as Dr. George Johnson has done with respect to the renal organs. Of the importance of the stomach glands we can form an estimate when we consider that their business is to furnish from fifteen to thirty lbs. of gastric juice during the twenty-four hours. Nor is it difficult to see how fatal anæmia must follow an amount of degenerative disease reducing the amount of gastric juice so far that the assimilation of food is rendered wholly inadequate to the wants of the body. I shall be ready to claim the merit of this idea when the difficult and laborious researches of some one have shown it to be correct.

I come finally to say a few words on the treatment of anæmia. Exclusive of the form last referred to, and as it is ordinarily presented to us in practice, it is a condition amenable to appropriate treatment. The first thing is to seek to discover, and, if possible, to remove or obviate the causes. On the importance of this I need not dwell, nor is it necessary to recall the various sources to which the causes are to be traced, and the means by which their farther operation is to be prevented. The successful treatment will depend on the success with which these objects are accomplished. We are next to direct measures which are designed to remove the anæmic condition; in other words, restore to the blood the normal proportion of red corpuscles. Of remedies iron holds the first place. And of the numerous medicinal preparations of this metal, it is not easy to say which is the best suited to the majority of cases. The metal itself, reduced to an impalpable powder by hydrogen, is a good preparation, leaving the salts to be formed within the stomach. The citrate of iron in solution is an excellent form. The tartrate of iron and potash has the advantage of not being repulsive, and may be conveniently given in wine. The pyro-phosphate which has been lately introduced, has also the recommendation of not being disagreeable to the taste, and I have been led to think that the phosphorus in this combination is a valuable remedial agent in anæmia. You have doubtless noticed that I have prescribed this preparation frequently in the cases of anæmia presenting at our clinic. Whatever form may be at first selected, it is useful after a time to substitute another form, and, if the affection persist, successively different preparations. The advantage of this relates in part to the action of the remedy, and partly to the moral effect of the changes. I shall not discuss the question how iron operates in the cure of anæmia, but leave this question to my able colleague, the professor of materia medica who is much more competent to answer it than I am

Another useful remedy is the chlorate of potassa. I have prescribed this remedy often in cases of anæmia for several years past, and I think that I cannot be mistaken in attributing to it in certain cases considerable potency. From one to three or four drachms may be given daily.

The vegetable tonics doubtless are useful, yet I confess that of late years I have used them but little, excepting the sulphate of quinia, which I imagine is more efficient than any or all of the bitter infusions and decoctions. When anæmia occurs in malarious districts, or in connexion with intermittent fever, the quinia is especially indicated, and under these circumstances the citrate of iron and quinia is an excellent remedy.

Important as remedies are, they would be alone inadequate to the cure of anæmia. With them must be conjoined an appropriate diet, and regimen. The diet should consist of digestive, nutritious food, sufficiently varied, properly cooked, and not deficient in quantity. This general statement must suffice without going into details which are of great importance, and which would require an entire lecture. The object is to introduce into the system alimentary supplies as rapidly and abundantly as the digestive powers will permit. Here is one great difficulty in treating many of the patients who come to dispensaries and clinics. Mere charities furnish medical advice

* These quotations are made from a paper by Dr. Wilkins, Guy's Hospital Reports, 3rd series, Vol. v. 1859.

University of New York, Medical

Department. Session 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D, LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
MARTIN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.
J. W. S. GOULEY, M.D., Demonstrator of Anatomy.
J. H. HINTON, M.D., Prosector to the Professor of Surgery.
ALEXANDER B. MOTT, M.D., Prosector to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine, Surgery,* and *Obstetrics.*

The Dissecting-Room, which is refitted and abundantly lighted with gas, is open from 8 o'clock, A.M., to 10 o'clock, P.M.

Fees for a full Course of Lectures, $105; Matriculation fee, $5; Graduation fee, $30; Demonstrator's fee, $5.

College of Physicians and Surgeons,

Corner 23d Street and Fourth Avenue, New York.

Fifty-fourth Session—1860-61.

EDWARD DELAFIELD, M.D., President of the College, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry & Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Lecturer Adjunct to the Professor of Surgery.
GEORGE T. ELLIOT, M.D., Lecturer Adjunct to the Professor of Obstetrics.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Fall Course for 1860, will commence on Monday, September 24th, and continue until October 22d. This Course free to the Matriculated Students of the College.

The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M.D., Secretary of the Faculty.

Geneva Medical College.—The Session

of 1860-61 will begin on Wednesday, the 3d day of October, 1860, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.
GEORGE BURR, M.D., Prof. of General and Special Anatomy.
CALEB GREEN, M.D., Prof. of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in advance.—Matriculation (payable once), $8. Tickets for the whole Course, $32. Graduation, $20. Demonstrator's ticket, $3. Anatomical Material, $5.

Further information may be obtained by addressing

J. TOWLER, Dean of Faculty, Geneva, N.Y.

Medical College of the State of South

CAROLINA.

THE ANNUAL COURSE OF LECTURES IN THIS INSTITUTION WILL commence on the first day of November, on the following branches:

JOHN E. HOLBROOK, M.D., Emeritus Professor of Anatomy.
Anatomy by Prof. FRANCIS T. MILES, M.D.
Physiology by Prof. JAMES MOULTRIE, M.D.
Surgery by Prof. J. J. CHISOLM, M.D.
Institutes on Practice of Medicine, by Prof. E. GEDDINGS, M.D.
Materia Medica by Prof. HENRY R. FROST, M.D.
Obstetrics by Prof. THOS. G. PRIOLEAU, M.D.
Chemistry by Prof. C. U. SHEPARD, M.D.
Demonstrator of Anatomy, SAMUEL LOGAN, M.D.

CLINICAL LECTURES,

At the Roper and Marine Hospitals, twice a week, by the Physicians of the Institutions.

The Anatomical Rooms will be opened in October, and dissections conducted daily by the Demonstrator.

HENRY R. FROST, M.D., Dean.

New York Medical College,

No. 90 East 13th st., near 4th Avenue.

Eleventh Session—1860-61.

FACULTY.

R. OGDEN DOREMUS, M.D., Professor of Chemistry.
J. M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
D. MEREDITH REESE, M.D., LL.D., Professor of Theory and Practice of Medicine and Medical Jurisprudence.
B. J. RAPHAEL, M.D., Professor of Principles and Practice of Surgery and Surgical Pathology.
A. K. GARDNER, M.D., Professor of Clinical Midwifery and Diseases of Females.
JNO. O. BRONSON, M.D., Professor of Anatomy.
CHAS. A. BUDD, M.D., Professor of Principles and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
BERN L. BUDD, M.D., Professor of Toxicology.

*** The Professorships of Physiology, of Materia Medica, and of Clinical Medicine will be filled in time for the opening of the Session.

FOWLER PRENTICE, M.D., Demonstrator of Anatomy.
THOS. H. WHITNEY, M.D., Assistant Demonstrator of Anatomy.
JAMES H. BRUSH, M.D., Prosector to the Professor of Surgery.
SIMEON ABRAHAMS, M.D., Assistant to the Professor of Surgery.
A. W. WILKINSON, Assist. to the Professors of Chemistry and Toxicology.

The Preliminary Course will open on Monday, Sept. 17th, with daily Lectures and Cliniques by the *Faculty.*

The Regular Session for 1860-61 will commence on Wednesday, October 17th, and will continue till the middle of the following March.

Demonstrative and practical teaching will be a distinctive feature in this school. There will be Cliniques daily in Medicine, Surgery, and Obstetrics.—Especial attention will be paid to Analytical Chemistry, Operative Surgery, and Practical Anatomy.

Fees:—For a full Course of Lectures $105.
" Matriculation . . . . 5.
" Final Examination . . 30.
" Demonstrator's ticket . 5.

Good boarding may be had in the vicinity of the College at from $3 to $4 per week. R. OGDEN DOREMUS, M.D., Dean of the Faculty.

Recherches sur l'unite du genre Hu-

main au point de vue de l'Education et des croisements pour l'amelioration des Races, par A. Brierre de Boismont. 8vo Paris, 1860. 37c.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Dr. Shweig's Sanitary Home (Maison

DE SANTE), 158 Second Avenue, New York.

This Institution is designed upon the plan of the French MAISONS DE SANTE, for the accommodation of patients of both sexes, especially for strangers who wish to enjoy the comforts of a home, combined with careful medical attendance and nursing.

It is situated in one of the finest and healthiest parts of the city; is very commodious; rooms large and well ventilated; and is easily accessible from any quarter of the city.

Patients can be treated by their own physician if they desire.

Contagious diseases not admitted.

The diet will be strictly regulated according to the condition of the patient.

An elegant drawing room, with a first-class piano, a library, &c., &c., are open to the patients.

All medicines are carefully prepared at the institution by a thoroughly educated chemist.

The weekly terms are as follows, and invariably in advance:

Private Rooms, according to location . . . $15, 25, 35,
One bed, in double room, " " . . . 10, 15, 20,

which includes medical attendance, medicine, board, &c.

The fees of the patient's own physician are not included.

All communications should be addressed to

HENRY SHWEIG, M.D

GEORGE TIEMANN & CO.

Manufacturers of Surgical Instru-

MENTS, &c.

No. 63 CHATHAM STREET, NEW YORK.

TERMS OF THE AMERICAN MEDICAL TIMES.

Three Dollars a year, *payable in advance.* Single number, ten cents.

*** The publishers respectfully intimate, in order to save trouble, that a remittance must accompany an order for the Journal.

ADVERTISEMENTS:—

Space of 8 lines,	$1 00
¼ column,	1 20
½ "	2 40
¾ "	4 80
1 "	9 60

Ten per cent. discount from the above rates for *three* insertions, twenty-five per cent. discount for twelve insertions.

Communications should be addressed "Office American Medical Times, 440 Broadway, N. Y." BAILLIERE BROTHERS,

Publishers and Proprietors.